

The PUBLIC HEALTH NURSE



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No. 4

THE PREVENTION OF DIPHTHERIA

H. J. Gerstenberger, M. D.

THE PROFESSION OF NURSING

Claribel A. Wheeler

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During the past year articles of current interest upon industrial medicine, surgery and general health service have been published. In many cases these have served to bring the field in question up to date; in other cases they have reported investigations which have contributed entirely new information. In addition to publishing original articles, *Industrial Hygiene* has maintained an abstract department covering articles appearing in both foreign and American medical, surgical, technical, trade and professional journals—articles dealing with problems of industrial hygiene and sanitation, community hygiene, accident prevention, adequate medical and surgical treatment, compensation, insurance, mutual benefit associations, and vocational training of disabled employees. Through this department a classified list of literature has been developed which has proved a valuable source of information to subscribers.

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EDITORIAL

THE MEANING OF A STANDARD

A YOUNG woman was watching beside the sick bed of her sister. Earlier in the day the doctor had paid his visit and had left certain simple directions for treatment; but the sickness had not yet fully declared itself and it was impossible to say whether it would pass over without serious consequences or develop into a dangerous illness. "If the temperature goes up," had been the physician's last instructions, "you had better call a nurse."

About ten o'clock that night there was a turn for the worse. Leaving her patient for a minute, the sister hurried to the telephone, called the Central Registry of the Graduate Nurses' Association, and in reply to her urgent request was told that a nurse would come immediately. Half an hour later she had resigned her watch into the hands of the white-uniformed stranger, with a sigh of relief and a feeling that despite the anxiety that still remained and must remain until the loved one was actually out of danger, all would now be well.

And yet this loved one was being left in the care of a total stranger, who appeared at the door with her little hand-bag, was shown to her

room, reappeared in a few minutes in her uniform, asked one or two questions, and then calmly took over the vigil which might well hold the issues of life and death. Why could the sister thus, in a moment of such crisis, resign her post to this newcomer, with the unquestioning belief that she could safeguard the patient in a way that all her own affection and desire to help could not accomplish? Because she knew that she had called in the help of some one with a *standardized training*. The onus of inquiring into the personal integrity, the professional qualifications of this young woman had been assumed by a professional body; and, therefore, she could be received into any home, by day or by night, and into her keeping could be given with full confidence the charge of those dearest in that home.

An anxious husband was trying, with awkward tenderness, to care for his sick wife. A knock at the door brought a frown to his face, as he interrupted his labors to answer it. Then the frown turned to a look of relief as he perceived the figure in blue uniform standing on the doorstep.

"I am from the Visiting Nurse Association—you asked for a nurse to call to see Mrs. M——."

No question as to her welcome! The uniform and the magic words "Visiting Nurse Association" are sufficient, and gladly the husband sees his own clumsy efforts supplemented by the skillful fingers of this *stranger*, who is, on her first visit, received as a trusted friend. Such a change in such a little while! The sick woman, cheered and made comfortable, already seems to have set her feet on the high road to recovery; and arrangements with a friendly neighbor enable the man to return to his work with lightened spirits, happy that "the nurse" will come again next day and confident in her ability to smooth out the way which, a little while before, had looked so impassably rough.

Again, why this wonderful confidence in a stranger? Because the man knows that she represents something *reliable*—that her uniform and the source from which she comes are acknowledged throughout the neighborhood to stand for something good and strong and helpful. *In fact*, though not, perhaps, *in words*, he realizes that she represents something *standardized*.

When King Edward the Seventh was buried in St. George's Chapel, Windsor, the ceremony was accompanied by great and solemn pomp. Potentates from all over the world came to pay their last respects to the king and the procession which accompanied his remains to their resting place was witnessed by great throngs lining the way by which it passed. But in the midst of all the multitudinous and elaborate official arrangements provision was made for a special place to be reserved for the district nurses working in the neighborhood of Windsor, whence they might have a clear and undisturbed view of the cortège.

This special thought for the "Queen's Nurses" was commemorative of two things—the appreciation

of King Edward and the royal family for the excellent skill of the nurses who had cared for him at the time of the dangerous illness which had caused the postponement of his coronation ceremony; and the realization of the great need for the provision of skilled nursing care in the time of sickness for *all* who needed it which had moved Queen Victoria to appropriate to a national Institute for District Nursing, the Jubilee gift offered to her by her subjects.

Thus the honor paid to these district nurses symbolized the truth first brought to the light of day by Florence Nightingale and William Rathbone, and made practically effective by the understanding gift of the wise Queen-Empress, that the professional standard of nursing care should be and could be the same, whether such care were provided for a king or for the poorest of his subjects—for the President in the White House, or for the last arrived immigrant in the slums of New York.

And so it is that today the public takes for granted that the professional training of a graduate nurse has been such as to fit her for the responsible duties which she is called upon to perform; and thanks, in this country, to the watchful care of the National League of Nursing Education, this confidence is not misplaced. But because the word "nurse" has no legal protection to preserve it from misuse, it is not always possible to protect a public largely ignorant of the real basis upon which its faith is grounded. It is surely the responsibility of every graduate, registered nurse to help to educate those with whom she comes in contact to a true perception of what the word "nurse" in its professional sense really implies, and the kind of education upon which it is founded. And surely it is equally the duty of every lay person who has ever had cause to be thankful for the skill of such a nurse to inform himself or herself as to the standards of training which have made such skill available.

DOES IT PAY TO WORK IN THE COUNTRY?

By ANNA WIBERG, R. N.

Public Health Nurse
Duchesne County, Utah



It's a big day when the County Nurse comes to school in Duchesne!

A SCHOOL nurse is coming to Duchesne County! What a curious lot of boys and girls gathered at the schools on opening day, for each school thought that it would be the first to have the honor of a visit from the "mysterious lady" who would wear that wonderful army uniform and do all sorts of things to the young hopefuls, from "pulling teeth to taking out adenoids and tonsils." Now and then an older brother who wished to instil fear into the heart of a younger lad would say, "If yer ain't good I'll tell the school nurse when she comes." This always brought about the required result. "A Public Health Nurse," said some of the seniors, "well I reckon she'll have a hard time keeping busy, for there isn't any sickness worth speaking of in this county."

The Public Health Nurse arrived in Duchesne village after dark one

fine Saturday evening in September after a 200-mile ride from Salt Lake City in a Ford coupé, driven by a Public Health Nurse friend who was on her way to Vernal, a hundred miles further on.

In Duchesne County we have no railroads, so the trip from Salt Lake City must be made by auto, and if one is lucky it can be made with comfort in a day. The day that we drove into the Basin was perfect. We left the "City of Saints" at 4 A. M. and arrived in Heber City after a steady up grade pull for many miles, in time for breakfast. At Heber we took in water, oil and gas, some watermelons and fruit, and started out through Daniels Canyon. All went well for miles and miles. "Faithful Henry Ford" tugged onward and upward—and we gloried in the wonderful everchanging scenery. Finally we ran into a heavy rain squall

which made the trails a bit slippery and "Henry" just slipped a front wheel over the side of the precipice. There we hung, several hundred feet in air, and anywhere from sixty to seventy miles from any habitation. Carefully and cautiously we climbed out and unloaded our fruit and watermelons. Then, like beavers, we worked. Every branch and stick for a hundred feet we tugged to the scene of disaster, and loose rocks, too, we piled in under the overhanging wheel. Finally, exhausted from our labors, we rested in the shade of the projecting cliff and ate our watermelons and fruit in peace and happiness while waiting for the unexpected to happen; and it did happen! For our hearts were gladdened by the sound of a puffing engine in the distance. Help came immediately, for "Henry" had the road blocked, and in order to get by the Studebaker had to move poor "Henry" out of the way. Once freed from our captivity, on we moved with no further mishap, excepting the wings of darkness spreading its shadows over us on the narrow and winding roads. The sound of the winding river in the distance guided us to our destination, which was the Duchesne Hotel. Oh, how good those white, downy hotel beds looked to us—tired travelers. A hot bath and twelve hours' sleep in the invigorating air of the Basin made us awake on Sunday morning with appetites like starved coyotes. The hotel man declared we ate four breakfasts, and not two, but we paid for two and then breakfasted "Henry" on eight gallons of gas and some more water.

My nurse friend took her departure for Vernal and I watched her disappear over the rim of the Basin. Then I realized that I was alone in a strange country, without friends. While this feeling was gripping at my heart I lifted my eyes up unto the great hills of the West, and was captivated by the grandeur of the scenery, when all at once I realized that I was in a wonderful land with a great duty to perform. Just then

along came one of Duchesne's kind-hearted ladies, and I immediately felt at home. Before the afternoon was over I met the County Superintendent of Schools and at church I met the whole community.

At sundown a Dodge runabout came in over the "Divide." Oh, how glad I was to see an old familiar face alight at the hotel, for it was the State Supervisor of Public Health Nurses on a trip to the Uintah Basin, who landed in Duchesne on Monday morning. The County Superintendent of Schools took us over to Strawberry School. This trip was uneventful, but at a later date it took two men and a span of horses to pull the machine to terra firma.

So the boys and girls of Strawberry had the first visit from the nurse!

At Strawberry I visited each of the two rooms, gave health talks and made class room inspections, also a thorough inspection of the building, grounds and out-houses, and made recommendations for beautifying and improving the premises.

The County Superintendent of Schools won the hearts and love of the boys and girls at noon hour by mending their basket balls with his tire repair outfit. At Strawberry School there is a wonderful playground, but the boys and girls prefer the mountainside for play. Here in freedom they can build corrals and forts, dig their mines, construct their irrigation systems and make stone doll houses in happiness, and study geography and history under their teachers—and all the while it's play to them!

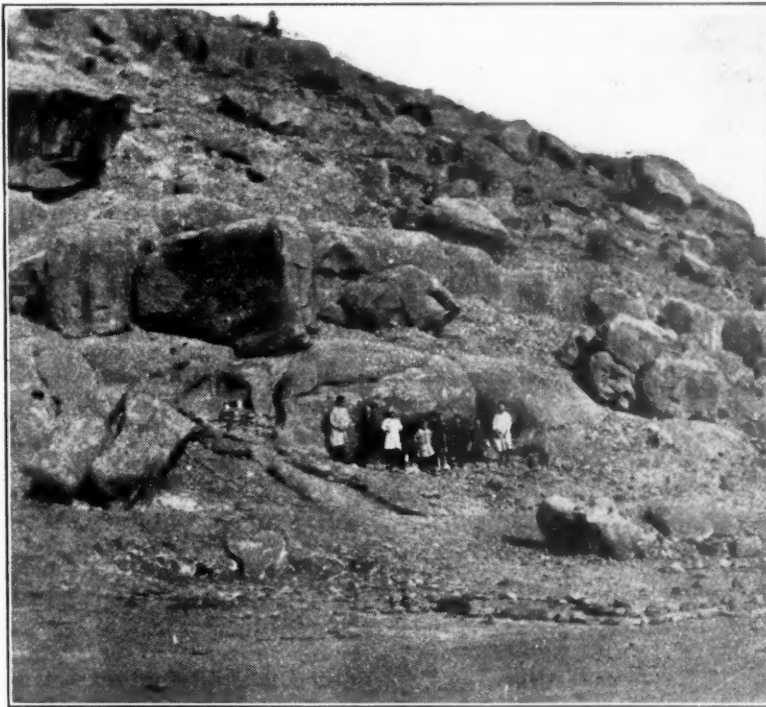
Over the mountains, through fertile valleys, across the ridges, down through dugways and out among forests of cedar and pinioned pine, I have traveled for nearly four months, never tiring of the sweet fragrance of the purple-gray sage and the sight of the countless little prairie dogs and cotton-tail rabbits, with now and then a saucy coyote on their trail. Have you ever had the experience of running into a herd of sheep fully 5,000 strong when you had only half

an hour to make a school two miles distant? Not only sheep but cattle, too, and I reached my schools in time to see the last young hopefuls disappearing over the hills on their ponies.

But the teachers of Duchesne ride, too, usually on swifter steeds than the children, so it matters not that children have reached home, for they are soon mustered in and their mothers come, too, for it is a big day when the county nurse comes to school in Duchesne!

It's the spirit of the people of Duchesne that counts. It matters little whether the school is held in a little old log cabin or in a large modern building. The same kind-hearted reception greets the nurse everywhere. The spirit of co-operation is in evidence throughout the county and already we are getting results from the work!

Does it pay to work in the country? Yes, if all sections are like Duchesne, it does.



The children prefer the mountainside for their playground.

THE SPIRIT OF SERVICE

By BERTHA McCHESNEY MASCOT

Supervising Nurse
New York State Department of Education

TUCKED away in one of the most picturesque sections of New York State, and surrounded by Indian legends, is a prosperous little village of a few hundred inhabitants.

Employed by the Board of Education of this village is a progressive school nurse who, in the discharge of her manifold duties in that capacity, even in these days of specialization or over-specialization has, it would seem, never stopped to consider the question of "Shall I or shall I not do bedside nursing?" but has first and foremost retained her spirit of service. For here is a little experience she relates in connection with her supposed field of school nursing.

Rudely awakened in the "wee sma' hours" of the morning by a pounding on her door, she was told that she was wanted immediately in the furthestmost section of her village. Experiencing a feeling of excitement, commingled with that of curiosity as to what could command the attention of the school nurse at this hour, she hastily dressed and fared forth. However, appreciating the fact that a *first* baby was expected, her suspicions soon became aroused. At last locating the house she found the husband and physician all alone with the young wife who was in the last stages of labor. This was to have been a hospital case, so any nurse can visualize the condition of things or perhaps lack of the condition of things. Nothing whatever prepared, and to cap the climax the physician had not even been called until near the end of the last stages of labor. The little stranger is welcomed into the world at seven forty-five in the morning and early makes the acquaintance of the school nurse. Can anyone doubt in

this instance that the school nurse is not actively engaged with work pertaining to the child of the pre-school period! This is the first delivery this school nurse has to report in connection with her school nursing.

The day following this experience was a long one for our school nurse. Eating her breakfast she started for the school house to begin her classes in health education and instruction in physical education. At the close of this day, including another visit to her "patient," she found that seventeen long hours of constant work had been her portion. Has it paid? Listen while she relates her own story.

"Yes, it *has* paid. To be sure the following day was a long one, but I feel I have the respect of the physician in charge of the case and also his friendship and he feels that although I am a school nurse, first of all I am a *nurse* and he can depend upon me if he needs help, and in return he will do all he can to help me in my work with the school children."

The nurse considers that this has been a wonderful opportunity to overcome the feeling that is often in the minds of the taxpayers that the school nurse is just a sort of health truant officer and some one that is only an additional expense to the school board. She has been able to show them that their school nurse is, first of all, a nurse and is not bound by any conventional form of specialization.

Cannot this experience prove the clarion call to all nurses, regardless of what field of nursing they may be in, to make the most of their opportunity to put across the gospel of service to all mankind?

CAMPAIGN NOTES

TELLING OF THE EFFORT OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING TO PROCURE 50,000 NEW SUSTAINING MEMBERS

Thank you!

THE Campaign Bureau wishes to express its grateful appreciation of the very worth-while assistance given by the nurses and the friends of the National Organization in the early steps of the Campaign. We have been guided to many prominent, public-spirited men and women who have been glad to become sustaining members of our Organization at five dollar annual dues, each thus obtaining a year's subscription to this monthly magazine.

One State Chairman's Opinion of "The Public Health Nurse"

"Indeed," Mrs. John W. Blodgett, our State Chairman for Michigan, said in the National Headquarters office the other day, "every director of every hospital, training school, clinic and Visiting Nurse Association really should take out a membership in the National Organization if it is only to become in this way a subscriber to *The Public Health Nurse*, which contains so much vital information about this rather new and very essential type of nursing service."

Progress of Campaign

Mr. Alexander M. White, the National Chairman, is glad to report that there are now fourteen State Chairmen working to obtain their several quotas.

The Federation of Women's Clubs in thirty-three states have been appealed to, and it is believed that these forward-looking women will be anxious to help by their membership in our National Organization to better the health conditions of the country.

Two Prominent Recruits

Two of the first responses to our appeal have come from men of

national prominence. Pennsylvania boasts of the Honorable Philander C. Knox; and the first member to enroll for Massachusetts was Mr. Benjamin Loring Young, Speaker of the State House of Representatives. Mr. Young, in enclosing his check for membership dues, wrote: "I am strongly of opinion that the development and extension of public health nursing is one of the most vital needs in American life."

Both these men know the value of sound health programs, and so are eager to set an example to the leading men and women not only of their own states but of the nation.

You

Now, Reader, what have *you* done? Were the thanks expressed at the beginning of this page meant for *you*?

Don't feel that, because your share is necessarily small, it is not needed. Your contribution of stories, your securing of a single professional or lay subscription, even your suggestion, may fill a much needed gap to help the success of our Campaign.

Have you heard of the little wax taper that lay in the drawer until the owner took it out and climbed a winding stair in a tower? The little taper asked, "Where are you taking me, of what use can I be to you?" And the owner replied, "I am going to show big ships their way over the sea."

"Why, no ship could see my little light," said the little wax taper.

"Leave that to me," replied the owner as, with the taper, he lighted the big lantern, and then blew the taper out.

Please, Reader, do not say, "Of what use can I be to you?" You might be just the taper light which we need to help us consummate a successful Campaign.

Note—Membership blanks will be found on page 7 of the advertising section.

SUGGESTIONS FOR THE COUNTY NURSE

By FRANCES V. BRINK

Superintendent of Nurses

Minnesota State Board of Health

THE "Suggestions for the County Public Health Nurse," and the "Suggestions for the School Public Health Nurse,"* have been worked out with the aim in mind of giving to the Public Health Nurse beginning her work in the county or school, the first year particularly, an intelligent basis for her work—not a helter-skelter idea, but a definite plan and aim, yet entirely elastic, so that it may fit the need of each given field.

Such a plan is really necessary if the public health nursing is to be ethical, effective and permanent. No type of work is worth while unless every particle of knowledge of it is first obtained and then put into play. These suggestions are merely skeletons for the completed and active structure which will operate later after the field is studied.

Minnesota has 83 County Nurses representing 75 counties out of the 86 counties in the state. Practically all of the county nurses have had a copy of this outline, and have expressed appreciation of it, as well as stated the need for it. Many of the school nurses in the state, numbering 47 (exclusive of Minneapolis, St. Paul and Duluth), also have had this outline and feel that in some measure it has been beneficial. The first copies were sent out in August, 1920.

Minnesota is glad to pass on these suggestions, hoping they may be the means of co-ordinating the efforts of Public Health Nurses as well as of helping to place public health nursing, and particularly county public health nursing, on a sounder, more attractive and more possible working basis for the nurse and the people of the given locality.

County Public Health Nursing

County Public Health Nursing covers the entire county, and every

*To be published next month

phase of public health nursing—that is, school and visiting nursing, infant welfare, maternity, tuberculosis, venereal disease, mental, preventable disease, dental—in proportion to the amount of time and strength that the nurse has, as well as taking into consideration distances which she must travel and the mode of traveling.

If one or more cities, towns or villages within your county have full time school or community nurses it naturally means that the responsibility of the public health nursing work in *that* town is delegated to *that* nurse in charge of the given district, thus eliminating considerable time, work, travel and responsibility from *your county program*.

Your nursing committee should be informed as to what parts of your county are eliminated from *your* county public health nursing program, or they should inform you. This makes them feel their responsibility as well as emphasizes your confidence in them and makes co-operation rather complete.

Suggestions for the County Public Health Nurse

Do *not* start making calls on patients or doing physical inspections in the schools your *first week* on duty in your field. (Your first week is needed for organization work.)

- 1st. Call upon the Board employing you.
- 2nd. Find suitable room and board.
- 3rd. Make arrangements for desk room in some place (if your Board has not already done so) where your records may be locked up, and where you may be reached by telephone or a message may be left for you.
- 4th. Compile a reference file, which should include the following data:
 - State Commissioner of Education
 - State Institutions
 - Women's Clubs
 - Truant Officer
 - City Superintendent of Schools
 - County Sanatoria (T. B.)

Mother's Pension Laws
 Poor Farm
 County Superintendent of Schools
 County Home Demonstrator
 Councilmen
 County Child Welfare Board
 State Examining Board for Registration of Nurses
 Special Dates to be Observed
 Senators
 Civic League
 State Legislators—Representatives
 State Registered Nurses' Association
 Poor Laws
 Hospitals
 Local Red Cross
 Probate Judge
 District Nurses' Association
 Dentists
 Commercial Club
 Health Officer and Physicians
 Data of Births and Deaths for County
 Farmers' Club
 Juvenile Court Laws
 Humane Society
 County Agent
 Churches
 Recreational Director
 Local Newspaper Editors

- 5th. As soon as your file is completed call upon as many of the people mentioned in your file as possible. When calling upon your doctors state quite definitely your work, tell them you are there to *work with them* and with their co-operation much can be accomplished.
- 6th. Make your tack map of district schools.
- 7th. Make out an aim of routine work to be carried out for the year in your district, especially as to calls in the rural schools, somewhat as the following:

Suggested Aim of County Public Health Nurse for Year

- 1st. To visit all the schools in the county at least once during the year (this depends upon the number of schools there are and the time of the year you start your work in the given county).
- 2nd. To install proper hot noon lunches (at least during the cold weather) in as many schools as possible.
- 3rd. To tactfully insist upon (especially necessary in rural schools):
 - (a) Individual towels.
 - (b) Drinking cups.
 - (c) Open windows.
 - (d) Screened stoves.
 - (e) Proper privy vaults.
- 4th. (a) Aim to give physical inspection to all of the school children during the year.
 (b) Aim to visit in at least half of the homes and talk with the parents.
- 5th. (a) To have a suitable health motto in each school-room.
 (b) To carry on a "milk-coffee" contest.
 (c) To promote a personal tidiness contest.
 (d) To give at least one health program in each school or group of schools during the year.

- (e) To have pupils write health letters to the nurse.
- (f) To have interesting health stories read to the children (perhaps during opening exercise period).
- 6th. To advise all the teachers definitely as to signs of defects, contagious and infectious diseases to be looked for among the pupils.
- 7th. To observe fittingly as many special health days as possible.
- 8th. To be influential in obtaining one or more sets of clinics for various parts of the county.
- 9th. To always keep in mind the value of bedside nursing, from the angle of demonstration, emergency care of the patient, as well as instilling confidence in the county as to the nurse's "sick care" ability.
- 10th. Work with your physicians.

Ten Points for Every Public Health Nurse to Keep in Mind

1st. Do not *diagnose*, do not use *curative methods* without a physician's orders and a parent's permission. Do not take children to clinics without parents' permission.

2nd. Do not confide your difficulties and criticisms to the teachers and town people, take them to your nursing committee.

3rd. Do not make of your office a reception room for teachers or friends, keep your office private for all patients, old and young.

4th. Attend as many nurses' district, state and national meetings, conventions and institutes as possible.

5th. Do not fail to demonstrate public health nursing through necessary bedside nursing whenever possible.

6th. Gain your teacher's confidence and give information as to how she may assist in bettering the physical condition of pupils.

7th. Remember that one hour home calling is worth more than four hours in the office.

8th. Do have a plan of work most definitely mapped out—*system accomplishes much*.

9th. Do not give up your work in the community in a short time after entering because it seems discouraging—this is pioneer work.

10th. In case of a reported epidemic of contagious diseases in any part of your county be ready and willing to offer assistance to the Health Officer of the district where the epidemic exists. If the Health Officer makes a request for your assistance, drop the routine work and answer this request.

NOTE—After you are well established in your community, epidemics should not occur, because of your intelligent, preventive, educational work with the public.

Minimum Equipment the Nurse Should Have

Office, or space in some office.

Desk or tables where records may be locked up.

Scales—portable or stationary.

Vision charts.

Clinic thermometers.

Few bandages and cotton.

Wooden tongue depressors.

Note book.

Good supply of record blanks.

Some sort of filing case.

Map of county with school districts marked.

Report of Public Health Nursing for County of Brown, Month of Aug., 1921

Monthly sheet to be sent by Kate Gray, R. N. (County Nurse), to County Superintendent of Schools and County Commissioners and Nursing Committee, or this particular form only to the County Commissioners. (See below.)

This may be especially good in a county where public health nursing is first being tried out. It shows you and your representative people the good or bad roads you must travel, which is sometimes splendid for a community to realize. It also accounts rather accurately for your time. As most all county nursing services have been first put in action

by a voluntary organization as means of demonstration, believing that the county in time will wish to appropriate funds for the continuance of such a service, it may be well to send such a report to the County Commissioners, so that when they are ready to consider county appropriation for the nursing service, they will have record of what has been accomplished by this service.

(The County Superintendent of Schools will be able to give you description of the roads.)

Have a map of your county on the wall in your office.

Insert for the location of schools, for example:

Red tacks—Schools reached over very good roads.

Green tacks—Schools reached over fair roads.

Black tacks—Schools reached over very bad roads.

White tacks—Schools reached by trains.

Put a circle around the tack and record within the circle the number of children in each of these schools.

The value of such a map is this:

- 1st. It gives you a very good idea of the location of your schools and means of reaching them.
- 2nd. It gives to the Public Health Nursing Committee realization of your knowing how systematically to organize your work, to expend the least time, energy and money.
- 3rd. It makes a permanent foundation for your work; that is, in case of your leaving the field or of your illness—and another nurse taking up the work—much less of her time will be taken with organization work and less of a change will be felt by your community people in placing another nurse; the method of work will be very similar.

Books, Pamphlets and Magazines You Should Have in Your Office for Reference

A list should be made of books, magazines and reprints that will be

District	Distance from Town of "East"	No. of Pupils	Teacher	Visited
55	22 miles east Bad Roads	14	Lucile Parks	8- 4-21
20	5 miles west Fair Roads	27	Georgia White	8 -7-21
4	1/2 mile west Good Roads	29	Mrs. Ruth Day	8-20-21
7	14 miles East (Village of May)	148	Miss Pepper	8-21-21

Total number of Home Visits made, 50.

specially helpful for reading and reference. The Book List published by the National Organization for Public Health Nursing, the Library Department of *The Public Health Nurse*, and Book Reviews of the *American Journal of Nursing* will be found helpful in compiling such a list.

Organizations You May Help and Which May Help You

American Red Cross of your Division.
National Organization for Public Health Nursing, 156 Fifth Avenue, New York City.
National Committee for Prevention of Blindness, 130 East 22nd Street, New York City.
National Association for the Study and Prevention of Tuberculosis, 105 East 22nd Street, New York City.
National Safety Council, 168 North Michigan Avenue, Chicago, Ill.
National Child Labor Committee, 105 East 22nd Street, New York City.
National Committee Mental Hygiene, 50 Union Square, New York City.
American Child Hygiene Association, 1211 Cathedral Street, Baltimore, Md.
American Public Health Association, 535 North Dearborn Street, Chicago, Ill.
United States Public Health Service, Treasury Department, Washington, D. C.
Child Health Organization of America, 156 Fifth Avenue, New York City.
Your State Board of Health.
Your State Public Health Association.
Federated Women's Clubs—in your district.
Your local Board of Health.

Days that May be Observed as "Health Days"

Baby Week (ordinarily during the month of May).
Clean-up Week.
Etc.

Special Health Programs

Pageant—"The Health Fairies," Tuberculosis Association, Des Moines, Iowa. \$.05 per copy.
Sketch—"Milk Fairies," By Jennie Van Heyson McCrillis, Boston, Mass. (This would necessarily need to be somewhat revised according to our teaching of "milk amounts" "in the West.")
Playlet—"Mother Goose Up-to-date,"

a health playlet in one scene suggested for Primary dramatization reading, University Farm School, Minneapolis, Minnesota.

"Our Friends the Foods," suggested for Intermediate dramatization reading.

Rhymes—National Organization for Prevention of Blindness.

Some of the State Tuberculosis Organizations also have health stories and rhymes, songs and games.

*Where and How Clinics May be Obtained for Your Field**

CLINICS	WHERE OBTAINED
DENTAL	Write to your County Public Health Association and they will make arrangements with the Minnesota Public Health Association for such clinics.
TUBERCULOSIS	
BABY WELFARE	
NUTRITIONAL	
MATERNAL	
EYE AND EAR	

*Where and How to Obtain Some Health Films**

"The End of the Road"—Minnesota State Board of Health, Division of Venereal Diseases, University Campus, Minneapolis, Minnesota. To adults over 16 years of age. (Worker comes with the film.) No charge.

"How Life Begins"—Minnesota State Board of Health, Division of Venereal Diseases, University Campus, Minneapolis, Minnesota. To any group. No charge.

"The Public Health Nurse"—Minnesota Public Health Association, Shubert Building, St. Paul, Minnesota. Charge for transportation only.

"An Equal Chance"—National Organization for Public Health Nursing, Central Office, 156 5th Ave., New York City. Rents for \$5.00 per night—plus transportation charges.

(Note—This article will be followed in our May issue by "Suggestions for the School Nurse.")

*Nurses in other states should communicate with the corresponding organization in their own state.

THE CORRELATION OF NATIONAL SOCIAL AGENCIES

MISS ELIZABETH FOX, who attended the Conference of the National Information Bureau and the Committee on Correlation of National Social Agencies of the National Conference of Social Work, held recently, in Washington, D. C., has written of the meeting as follows:

"Tiresome as most meetings and conferences are, I was surprised to find it a real pleasure to attend the Conference of the National Information Bureau and the Committee on Correlation of National Social Agencies of the National Conference of Social Work in Washington. I don't know when I have attended a conference so lively and so much to the point. There was a swing and a directness of impact about it that was refreshing, and what is more, it got somewhere.

Secretary Baker brought out the point that we were *tremendously over-organized during the war*; that is to say, every little group which previously met for social or cultural purposes during the war turned itself into a service organization of some kind or other. After the armistice, when the war duties of these many organizations, great and small, were over, they began with one accord to look around for serious peace duties, few of them wishing to return to their former purely social or cultural field. The result he pictured as a multitude of groups, big and little, seizing hold of some angle of social work with little knowledge of what other agencies were doing; without any relation to the work of these other agencies; and with a tendency to injure the work of well established groups, thus resulting in confusion, inefficiency and public loss of confidence and indignation. He felt that it was absolutely essential that national agencies should get together to produce some sort of order and some relation to a general scheme.

Doctor Vincent interpreted the present attitude of the public as being one in which they welcomed any excuse to get out of giving. He said they were in the mood of giving during the war and thoroughly enjoyed it, but that the minute the armistice came they were ready to quit, and that now and for the next few years they would have even less than the normal spirit of giving. He said, moreover, that the multiplicity of demands occasioned by the tremendous multiplying of agencies was resulting in making the public callous to all demands, and that if national social agencies were to succeed in getting adequate support from the public it would only be through the method of convincing the public that their plans have been carefully conceived, carefully correlated, weighed and measured and all waste of funds through lack of correlation eliminated.

These two speakers were followed by discussion from the floor, taking the nature largely of reports of various efforts at co-ordination already under way. Two resolutions were presented, considered and adopted, as follows:

1. That the national social agencies comprising the National Information Bureau and such other public and private agencies as are willing, meet for conference periodically to report and study their activities and services with the prospect of sub-dividing into functional groups for more intensive study. The Executive Committee and the National Information Bureau to draft and present within four months a plan and procedures for such conferences.

2. That national social agencies should record periodically with the National Information Bureau places in which they were working, with, if possible, a brief description of the work undertaken in those places where an office is maintained.

FRANCESCO OF ARIZONA

By LUELLA M. ERION, R. N.

Pacific Division, American Red Cross

GREGORIA was twenty-two years old and she had two babies. Five babies had been born to her in the seven years of her married life, but the good God had taken three of them. They had lived a few miserable months and had then died. Gregoria sat huddled over her doorstep and thought that nothing was of any use. The baby was always sick and some day the good God would take him as He had the others. Now little Gregorita, who was almost five but had been entered in school as six, had come home with a note from the school doctor saying that her tonsils were very bad and that she had adenoids. The school nurse had come and asked permission to take the child to the clinic, but Gregoria had said no. Pedro, the father, said there was no sense in cutting the tonsils away when the good God had put them in the throat. Concha, the old midwife, said it would kill the child to have her throat cut. Certainly the Gringos had queer notions. It was true that the school nurse was saying that there would not be so much sickness if the people would learn the laws of health. Concha herself had heard her one day when she had visited a class at the Community House. Such nonsense! What was to be would be, and who could escape if the good God saw fit to send sickness? One could do nothing except perhaps burn a candle in the chapel if one had the money; one's health was in the hands of God, as everybody knew.

It chanced that one day when the school nurse took little Gregorita in her car old Concha saw them from afar and hastened to tell Gregoria that the nurse had stolen Gregorita from the school and was taking her to the doctor to have her throat cut. Gregoria started screaming down the street, but met the car almost at her own door. Gregorita jumped merrily

out. Her throat was not in the least cut, and she was talking very fast and telling her mother that she wanted to show the nurse her sick baby. Now Pedro, the younger, was nearly a year old, but he did not yet sit alone and he did not grow. He cried rather more than he did anything else. He was very sick, and Gregoria was sure that he would die as the others had, but she kept him sheltered from the wind by a thick curtain and she wrapped him in many shawls and tried to take good care of him. She fed him with the sweet condensed milk which babies love and she washed his bottle sometimes. Pedro was not washed, not even sometimes, because he was sick.

Gregorita led the way, and when the nurse saw the baby she shook her head, and then she asked Gregoria if she might give the baby a bath. Gregoria said yes. Why she said yes she could not have told you, but perhaps she felt that not even a bath could make the baby any sicker. So Pedro had a bath, and old Concha departed prophesying that it would be the death of him. The nurse begged Gregoria to come with her and ask the doctor about the food that would be best for the baby. Perhaps the nurse hypnotized Gregoria, for she even washed herself a little and then they all climbed into the car and went to the doctor's office.

Now the doctor knew Gregoria of old and when he saw her he was very cross. "Take that woman away from here," he said angrily; "you can't teach *her* anything. She is the laziest, dirtiest, most good-for-nothing woman in town. Take her away. What good is it to look at such a dirty baby?" "Doctor," said the school nurse very softly, "the baby is not dirty today, because I just gave him a bath. I need your help, doctor, because I am going to try to

teach his mother how to take better care of him. Please, doctor, won't you help me?"

Perhaps the nurse hypnotized the doctor, for he gave a great deal of time and attention to examining little Pedro, telling the nurse just what should be done for him. Then they all went back to the one-room adobe hut where Pedro slept in the corner behind the heavy curtain lest a breath of cool air should touch him. The nurse changed that, bringing him out into the fresh air and showing the mother how to do many things. She visited Pedro every day for a week and he actually became much better. "Now," said the school nurse, "I cannot come every day. I will come twice a week and you must do just as I say and remember how I have taught you," and Gregoria promised. More than that, she tried very hard. She boiled the bottles and the nipples, bathed Pedro every day, let him have the fresh air, and was very particular about his food. The baby grew stronger with every day that passed, and great was the joy in that little house. When little Pedro laughed everybody laughed. Even a *nearly* well baby was a marvel in that house.

One day when the nurse came to see Pedro, Gregoria told her that she was expecting yet another baby. "And when my little baby comes," she said wistfully—half doubtingly—"can we not obey God's laws of health so that he shall not be sick? Can we not make of him a model baby?" That nurse knew a psychological moment every time she met one. "*Of course we can,*" she said, without even a quiver of an eyelash. "Indeed we can, and we will begin now before he is born."

When the new baby came, Pedro was running everywhere and riding a stick horse, making a great deal of noise, and behaving as a small boy should. The new baby, whose name

is Francesco, because the nurse's name is Frances, sleeps in his own bed which Pedro, the elder, made from boxes, copying one which was shown in a health exhibit at the Community House. It is painted a beautiful pink, and it sits right out in the fresh air all the time. Francesco wears clothing cut by patterns which one of the older school girls brought home from the Little Mothers' League and loaned to Gregoria, and he is fed at his own mother's breast as a baby should be. Each week when he is weighed at the Community House he is a little heavier, and he laughed aloud when he was six weeks old.

Gregoria no longer sits humped over despondently on her doorstep. She has too much to do. She must keep her house clean, because visitors are always coming to see the model baby who sleeps in his own bed, has his own basin, towels, wash cloths and soap, and who is fed only at 9, 12, 3 and 6 o'clock. Gregoria can even go to the movies if she wants to, leaving the children with a neighbor. Pedro, the elder, says his wife is the smartest woman in the village. Gregoria can hardly wait until she is old enough to join the Little Mother's League.

Concha the midwife sometimes goes to one of the health classes at the Community House, but she still thinks that the good God sends the sickness and the health, and that Pedro would have lived if the nurse had never seen him. And would you believe it, that silly nurse rather blames herself because she cannot do something to help old Concha. The other workers laugh and talk about the model baby to all who come.

Great is the fame and mighty is the influence of the little Francesco, who dwells most happily in the sun-baked Arizona home of his ancestors, close by the borders of Mejico Viejo.

PREVENTION OF DIPHTHERIA

AN ATTEMPT AT ITS PRACTICAL APPLICATION IN CLEVELAND, OHIO

By H. J. GERSTENBERGER, M. D.

Professor of Pediatrics

Western Reserve University Medical School

THE greatest saving of human lives from the ravages of any one of the infectious diseases, at least from the standpoint of numerical results, has been accomplished through an active immunization in some form or other. The best illustration of the truth of this statement is the wonderful limitation of small-pox through the institution of Jenner's discovery. Another is to be found in the annals of typhoid fever prevention in the armies. And now it seems assured that a similarly complete victory is ours over diphtheria through the work of Behring, Schick, Park and Zingher.

It is a rather generally held view that diphtheria is at our mercy, since Behring gave to the world his wonderful discovery of antitoxin. This undoubtedly is due to the remarkable reduction in mortality from diphtheria as a result of the coming of this remedial agent. In pre-antitoxin days the mortality from this disease was 70 to 75 per cent. Since the introduction of antitoxin, however, the just-mentioned high figures have been replaced by the relatively low percentage of 10.

This undoubtedly represents a stupendous saving of human lives, not to speak of the lessening of the indescribable misery of the suffering victims. How really enormous and dreadful the conditions were before the days of antitoxin can be appreciated when we read the data recently given by Zingher for the post-antitoxin days of the past five years, during which time the mortality was 10 per cent as against 70 to 75 per cent for the pre-antitoxin times. To quote literally: "The mortality in New York City alone has been about 1,400 cases each year for the past

five years; the morbidity about ten times as great. For the United States the calculated yearly mortality is from 20,000 to 22,000, and the morbidity from 150,000 to 200,000 cases."

Although the above statements show great improvement in the mortality rate from diphtheria, yet there is likewise convincing evidence that the loss of lives as a result of infection with diphtheria has by no means been wiped out, even in the presence of antitoxin, and that, as a matter of fact, the present situation is most deplorable when it is realized that 80 per cent of the total deaths caused by diphtheria at the present time occur in children between the ages of one to five years.

Why this effectiveness of the diphtheria poison during early childhood? Are physicians less frequently and readily called for children of these years than for older individuals or for babies? Are cases of diphtheria occurring in children of the ages of one to five years more difficult to diagnose than in human beings of other age periods? And is there more hesitancy in applying the curative power of antitoxin to the young children than to the others? Or is there another reason? There is—without question.

Behring himself evidently appreciated the fact that antitoxin could not wipe out diphtheria entirely, even though it was a remarkable weapon in reducing the mortality by enlarging the neutralizing powers of the body against the diphtheria toxin, for he set out to discover a method of active immunization to make up for the deficiencies of the passive form.

It was Schick, however, who made possible the explanation of the peculiar vulnerability to diphtheria

of the children between the ages of one and five years by the development of a test which, since then, carries his name—the Schick test.

Schick found that when he injected intradermally a small amount of diphtheria toxin (1-50 of a M. L. D. of toxin in 0.1 c.c. of saline)—Zingher and Park prefer to give the 1-50 M. L. D. in 0.2 c.c. of saline—he obtained no local reaction at the point of injection in those who were immune to diphtheria, whereas an area of redness and swelling, later replaced by scaling and pigmentation, appeared in 24 to 36 hours in those who were not immune. In some of the older children and adults, a pseudo reaction is also observed, which is produced by the sensitiveness of the individual to the autolysed protein of the diphtheria bacillus. The latter reaction appears earlier than the true reaction, reaches its height of development in less time, disappears earlier, leaves only a small amount of pigmentation, and occasionally a slight central scaling. Its differentiation from the true reaction is not difficult for one who has had a liberal experience in performing Schick tests, but every such case does and should cause a great deal of uncertainty in the minds of those who are less experienced. Fortunately the pseudo reaction rarely appears in children under six years of age and, consequently, a reaction at the seat of injection of these children can be accepted as a true positive Schick test in practically every case.

By using the Schick test, Park, Zingher and others have found:

- (1) That at birth about 85 per cent of infants have a negative Schick test; *i. e.*, they are immune to diphtheria.
- (2) That at about six months a decided change occurs, in that a great many infants begin to lose their natural immunity which they inherited from their mothers, and
- (3) That at the age of one year most of the infants have lost their natural immunity entirely; *i. e.*, they give positive Schick tests.

This lack of immunity persists rather definitely until the age of

three years, and in most cases practically to the age of five years, after which time a spontaneous return in immunity against diphtheria occurs in an increasing percentage until adult life is reached, when 80 to 85 per cent are again immune.

So it is evident that the fundamental reason for the high susceptibility to diphtheria and the low resistance against it is due to the practically complete absence of the natural immunity against this disease in the bodies of practically all children of the ages of one to five years. As a result of this "unpreparedness" the disease does too much damage before even the doctor is called, before he can make a diagnosis, or inject antitoxin, and so the antitoxin, even though it is actually just as potent when injected into these children as it is when so effectively administered to older children and adults, seems absolutely valueless.

From this evidence it seems clear that but little further improvement in the reduction of the mortality, and especially the morbidity, of diphtheria is to be expected unless it be possible to increase the resistance of the young children against this disease by active immunization, and at a time when the human organism is just beginning to lose its natural immunity.

Park and Zingher, with the aid of the Schick test, worked out a slightly toxic mixture of toxin-antitoxin, containing in each c.c. 3 L. doses of toxin plus 3.5 units of antitoxin. They further learned that when one c.c. of this mixture was injected subcutaneously once per week for three consecutive weeks, it was possible to get an active immunity in 8 to 12 weeks in over 95 per cent of susceptible individuals. Further observations made on institutional infants actively immunized in this manner have shown that the protection produced lasts five years (the longest possible observation period to date), and may last much longer, and probably represents the establishment of a life-long immunity, either alone or

in conjunction with the normal return of spontaneous immunity as the individual grows older. In the latter instance the active immunization for five years or longer would bridge, as it were, the children over the most dangerous period into one during which their fighting powers against the disease are much more substantial, especially in conjunction with the administration of antitoxin. Only a further continued observation of the individuals at the present time immune for a period of five years can settle the correctness of this surmise.

The experience to date, however, has established a most important and valuable fact; namely, *that it is possible to actively protect older infants and young children against diphtheria during the entire age period which produces 80 per cent of all the deaths caused by this disease at the present time.*

In 1918 Zingher, from the Research Laboratories of the New York City Department of Health, suggested the active immunization of all infants below 18 months, and of those over 18 months who showed a positive Schick test. He intimated that one of the important institutions to aid in reaching large numbers of infants would logically be the infant welfare stations. This suggestion was appreciated by the Babies' Dispensary and Hospital for Cleveland and was submitted for consideration over a year ago to the Budget Committee of the Welfare Federation and sanctioned by them during December, 1920, for practical application during the year 1921, after endorsement and encouragement had been obtained from the Department of Health of Cleveland, whose funds are inadequate at the present time to assume this public health duty.

The plan adopted by the Babies' Dispensary and Hospital, with the co-operation of the Department of Health, has as its basis the following ideas:

- (1) To bring to the attention of the medical profession of Cleveland the im-

portance of active immunization against diphtheria of all children from 6 months to 6 years of age.

- (2) To place at the disposal of all the family physicians a reliable toxin-antitoxin mixture at cost.
- (3) To interest the public in general in the importance of having the children from 6 months to 6 years immunized against diphtheria by their family physicians, and
- (4) To actively immunize at twelve of the fourteen infant welfare stations of Cleveland any young children between the ages of six months and six years who have not been taken to the family physicians for the injection of the toxin-antitoxin.

In order to make the most economic use of the time and, consequently, enable the vaccination of the greatest number during the period of 48 weeks, the twelve Infant Welfare Stations of the Department of Health, where the injections are made by a full-time physician, with the aid of a full-time nurse, both from the staff of the Babies' Dispensary and Hospital, have been arranged in two groups of six. In the groups each dispensary has a different day on which the administration of toxin-antitoxin is performed. For instance, Dispensary No. 1 is utilized on Monday, No. 2 on Tuesday, No. 3 on Wednesday, No. 4 on Thursday, No. 5 on Friday and No. 6 on Saturday. This order is repeated in the following week, and in the third week. At the end of the third week the doctor and nurse visit the second group of dispensaries. In this group No. 7 is open on Monday, No. 8 on Tuesday, No. 9 on Wednesday, No. 10 on Thursday, No. 11 on Friday and No. 12 on Saturday, and the doctor and nurse again return to these dispensaries for a second and third week. This order is due to the requirement of Drs. Park and Zingher that an injection of 1 c.c. of toxin-antitoxin mixture be made once per week for three consecutive weeks, and, as just stated above, in order to bring the doctor and nurse into contact with the greatest number of stations and young children, with the least waste of time. The response of the Infant Welfare Stations has been

distinctly encouraging, especially as the result of the interested co-operation by the entire Health Department and the active and efficient publicity of the Babies' Dispensary and Hospital Committee, under the chairmanship of Mrs. Chas. L. Bradley.

A detail that has seemed to us of great practical importance in being successful in this attempt to have as many children as possible vaccinated by family physicians and dispensaries against diphtheria has been the decision to *inject all children under six, without first performing a Schick test, even though they be of the ages from 3 to 6 years.* Zingher suggests "Schicking" all children over three, but in a personal communication to the writer Dr. Park gives his sanction to the plan of not using the Schick test in children under six.

We have come to this conclusion because we appreciate that it is necessary to make the immunization against diphtheria for the patient as free from pain and for the parent as free from annoyance as possible. In order to carry out the Schick test it is necessary to observe a very careful technique. Likewise it is more painful than the simple injection of toxin-antitoxin. Thirdly, it is necessary to hold the infant more firmly and for a longer time. Fourthly, the mother must return within 24 hours, maybe again after 48 hours, and possibly a third time before a determination can be made whether the test is a true or a pseudo reaction, and before the first injection of toxin-antitoxin can be made. The only objection that could be offered against the avoidance of the Schick test for children under six years would be that some children might already have experienced a return of their natural immunity and, therefore, do not need to be vaccinated. This objection, however, in our opinion, can be overlooked for three reasons:

- (1) Because it will not, in any way, harm the individual who is to be injected, any more than it will harm those who need the injection.
- (2) Because, according to Dr. Park, the antibody titer of such children increases more rapidly and to a greater degree after the injection of the toxin-antitoxin mixture than does that of those who were not immune before the injection.
- (3) Because the avoidance of the Schick test simplifies the entire proceeding and decidedly lessens the pain and discomfort to the patient and the annoyance and loss of time to the parent.

The question of the danger of anaphylaxis in these children is needlessly raised. There need be no more fear of anaphylaxis in these children than in other children who are injected with antitoxin at any time. Park and Zingher have made no report of untoward results in the thousands of injections they have made, and it is a well-known fact that one never positively knows which child is going to react with anaphylactic shock when injected with foreign protein. The cases of anaphylaxis are not very common, and anyway every physician who injects serum or a foreign protein into any individual for any purpose whatever, at any time, should have at his ready disposal adrenalin, which will be a lifesaver if ever a case of anaphylaxis develops.

All children who receive three injections of the toxin-antitoxin mixture receive a certificate which may later be used when they enter school as evidence that they have been vaccinated against diphtheria. Such a certificate will, in all probability, avoid the necessity of having a Schick test performed at that time.

It is hoped at a later period to make an attempt to "Schick" a certain percent of the cases that have been immunized in the manner outlined above, in order to obtain statistical evidence of the degree of success of the local work. These Schick tests, of course, will not handicap the giving of toxin-antitoxin, inasmuch as the latter will have already been administered.

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- During 1919 Rominger expressed the view that the relative anatomical underdevelopment in the newly-born of the tonsils and the lymphatic structures of the pharynx is a factor in making diphtheria a rare disease in the newly-born and also the reason why it is located in the nose when it does develop.

NOTE

The manufacturers of the "Kiddie-Koop" have called our attention to the fact that we unwittingly infringed their copyright by the use of the words "Kiddie-Koop" under an illustration in our February issue. The photograph in question did not illustrate the patent of the E. M. Trimble Mfg. Co., which is alone entitled to the name "Kiddie-Koop," an article which the company informs us does not serve the same purpose nor resemble those shown in the illustration.

We are, of course, very sorry to have infringed this copyright; but since the articles pictured in the magazine have been instrumental in saving babies' lives and protecting their health, we hope that our use of the name has not done any serious injury to the article copyrighted.

The Editors have had requests for the January and February, 1920, issues of *The Public Health Nurse*, which they cannot supply. Twenty-five cents each will be paid for copies of these issues, if they are sent to the office of the magazine, 2157 Euclid Avenue, Cleveland, Ohio.

WHY BE A PUBLIC HEALTH NURSE?

By L. JANE DUFFY

*Director of Course in Public Health Nursing
University of Texas*

IN NOVEMBER the Department of Public Health Nursing at the University of Texas decided to adopt as part of its program a rather comprehensive plan for presenting the work of public health nursing to the nurses of Texas.

It is the belief of this department that if public health nursing were more thoroughly understood by the nurses in general, more would avail themselves of the opportunity to fit themselves for this work.

With this object in view an itinerary was planned covering the larger towns of the state. The plan was to present the subject to groups of graduate nurses as they met for their district association meetings, the student nurses in the training schools, and, where possible, to arrange for conferences with boards of directors and heads of training schools. Literature relating to public health nursing was distributed. The services of Miss Erma Kuhn, recently assistant director of the nursing department of the American Red Cross at St. Louis, were procured. Miss Kuhn, in talking to the nurses, first outlined public health nursing, the different phases of the work, hours of duty, salaries, advantages, scholarships, etc. Then they were told why a public health nursing course is necessary before taking up the work, and where courses could be obtained.

The department realized that unless schools were supplied with student nurses the work of recruiting Public Health Nurses from the schools would be fruitless. So where it was possible plans for the recruiting of student nurses were discussed. It was interesting to note how various training schools were acquiring students. Some were advertising, in others the pupil nurses were persuading friends to enter, etc. Twelve of

the largest towns in Texas were thus covered and an interest in the work aroused in almost every group that the speaker met.

The following is an outline of the ground covered in the presentation of the subject:

1. *Public Health Nursing*

(a) Phases.

1. Bedside nursing.
2. School nursing.
3. Communicable Disease Control.
4. Infant and Child Welfare.
5. T. B.
6. Prenatal Care.
7. Industrial Nursing.

(b) Hours of Duty. Vacations.

(c) Salaries.

(d) Expenses Met by Organization.

(e) Advantages of P. H. N.

1. Broadening Experience.
2. Opportunities for Promotion.
3. Opportunities for Home and Social Life.

2. *Why a Public Health Course is Necessary*

(a) Gives Instruction in Family and Community Problems.

(b) Teaches Nurse How to Carry Out Nursing Measures in the Home.

(c) Gives Instruction in

1. Housing.
2. Social Problems.
3. Preventive Medicine.

In addition to the above program, lists of nurses from the nurses' registries were obtained, and each nurse was sent a personal letter informing her of the opportunities in this branch of nursing and also of the advantages of a special training.

The Public Health Nursing Department thus feels that the nurses of Texas have been very thoroughly informed of the work, and an increased interest is hoped for in the near future.

ACUTE COMMUNICABLE DISEASE NURSING*

By GLORY H. RAGLAND, R. N.

Superintendent of Visiting Nurse Association

St. Louis, Missouri

VIEWED by the light of present practice in the handling of acute communicable disease it would seem a far cry back to the days of the suffocating sulphur candle and the blinding formaldic gases. The science of public health has extinguished the sulphur candle and opened the windows against the fumes of formaldehyde. Yet by application of the newer theories infectious diseases have been greatly reduced, although the rate of one-sixth of all deaths due to infectious diseases is still a challenge to the working application of our tenets.

The aim of public health is two fold; the prevention of disease and the promotion of health. In the technic of protection we recognize the need of education of the public, and of the adoption of this knowledge and belief by the individual in his own home.

Dr. H. W. Hill writes that "to achieve the abolition of infection we must strip for action, discard all useless armor and antiquated weapons, cease desultory bombardment at leisurely long range of the enemy's outlying domains and personally seek, with well-shortened weapons, the enemy himself (infection) in his real stronghold (the infective person)."

While this principle of individual instruction and practice may be more or less an illusory hope, yet the public should recognize that the citizen must be taught the scientific principle of protection. The shortened weapon must be "knowledge, authority, equipment," and, may I add, a working application of all three, if the stronghold is to be taken.

Is it quite enough that the modern Public Health Departments have "a vital statistician, an epidemiologist, a laboratory man, a sanitary engineer?" Can there not be another

valuable factor in the nurse? The duty of the Public Health Department may not be municipal housekeeping, but does not this department need some one to give very intimate supervision to housekeepers in the municipality?

If we already recognize the visiting nurse as an efficient aid in concurrent epidemiology, why can we not use her in the home where there is infectious disease which continues to spread itself because of ignorance and indifference oftener than because of lack of facilities with which to work?

Besides the machinery for protection vested in the Public Health Department, Dr. Donald B. Armstrong, in his "Definition of Living Wage," urges "adequate professional care as a means of preventing disease." "Not alone education and supervision, but treatment of every citizen for all disease (and this includes the adults)," is Dr. Hill's ideal of bodily welfare for America, and he says that all that remains is "the application of the methods."

While the Public Health Nurse is not, nor does she deceive herself into believing she is, the panacea of all human ills, she has already been proclaimed by Dr. Wm. Welch and by many others as "an indispensable cog in the machinery of public health!"

If the laws of prevention must go into the home and attack, as Dr. Rockwood says, even "the family dishpan," who can more persuasively enforce these laws than the Public Health Nurse whose place in the family has already been won through friendliness and understanding because of her answering to the unconscious need of that family? We realize that next to the sick children the mothers suffer most and we accept the justice of the accusation that

*Paper read at meeting of N. O. P. H. N. Atlanta, Ga., April, 1920.

women—mothers—by means of those same loving hands which never tire in sickness, carry on the spread of infection. Is it enough to explain the theory of communicable disease to the stricken household, and isolate the infective person? Does the means attain the end except theoretically? How many mothers or fathers, even if they can recall word for word the doctor's therapeutic orders, can definitely state what he said about washing one's hands, or about the disposal of all excreta?

If 95 per cent of all infectious diseases are nursed at home, and if the spread of these diseases is dependent upon contact, does not the mother, or caretaker of the sick, need to be taught in regard to the care of things directly infected by the patient? His linen, towels, dishes, discharges and excreta, and the ministering hands of his nurse? Most painstaking lessons in the care of these things are necessary to protection against the spread of disease.

Dr. Winslow's popular slogan of war against infection from "food, fingers and flies," needs to be put into operation in the household. From time immemorial women have prepared the homely things used in sickness. Perhaps only the nurse will have the power of patient persuasiveness to protect the window with mosquito netting against the persistent fly—or it will be she who will demonstrate her teaching by the deed of her own hand. Not by precept alone, but by example, will she drive home the lesson of cleanliness. The immortal Nightingale taught that "the word that follows work is the word that sticks"; and the Public Health Nurse daily demonstrates this truth. The teaching of practical technic goes farther than the mere spelling of the word. We are reminded of the methods used in Squeer's school, made famous by the sharp ridicule of Charles Dickens. In her pedagogical approach to the family the Public Health Nurse does not teach her family that c-u-r-r-y spells curry, and then demand that

this speller proceed to curry the horse, but she, herself, gives the true meaning of the word by suiting her action to the word. Thus does she become the persuader—the convincer—the teacher—of *procedure* against infection.

So well established is the family attitude towards the nurse that there can be no question as to whether her instructions will be relied upon. Need we remind you that although the doctor may undergo several varieties during one illness in a family, the nurse is seldom exchanged for another, even though she, too, may have to insist upon certain unpleasant duties and truths?

The obvious duty of the nurse is to nurse—or nurture—to protect, or to correct *whatever is wrong in the family*. Her methods of approach must always be through friendliness and concrete helpfulness. These she has acquired through training and experience. As the need of her has become apparent, she has not failed to answer in bedside nursing, in child welfare nursing, or in any of the various phases of visiting nurse work with which all of us are familiar.

But the placard on the door, or the hushed whisper of "meningitis" or "mumps," has arrested her footsteps on the door sill. Why? because she herself was afraid? Perhaps. And who was responsible for her fear? The absurd teachings which are as antiquated as the old theories of dirt and bad smells! And with the personal fear has mingled the consciousness of the public's attitude. Too often has she heard the neighbor express the hope that she did not go in to see Mrs. Jones "because Billy has the measles, and I'd be afraid that you might bring 'em to Johnnie." And who was responsible for that mother's fear? The same ignorance and antiquated teaching!

Although much of the ignorant fear of tuberculosis has disappeared there are still many intelligent people who would be most incredulous of the truth of Dr. Osler's statement that "it is perfectly safe to nurse an open

case of tuberculosis lying in the ward side by side with a patient who has a different disease," if he himself were the other patient! And in spite of the splendid demonstration made by the Rochester and Providence Hospitals that infectious diseases can be successfully nursed in the same open wards, there is a hesitancy born of fear and of habit which prevents the doctor and the nurse from enlarging the usefulness of the Public Health Nurse to the community in this direction.

Necessity, perhaps, has fairly pushed the doctor into the role of attendance upon all kinds of sickness. To the question, "Why does not the nurse, too, go into homes of infection? The doctor does," we have glibly answered, "Because the nurse, by her closer and more prolonged contact might possibly carry the disease to others. In this explanation is the tacit announcement that the nurse's technic—no matter how excellent in emergency—is not well sustained.

The prejudice of the public—and, may I say, of many doctors—has been an obstacle in the way of the well trained Public Health Nurse in her nursing of infectious disease along with her general work. Can the superstition and prejudice of the public be overcome by acquiescence, or can we not more quickly convince by the actual demonstration in our daily work?

Shall we continue to be soothed by the "narcosis of custom," as Miss Foley so happily expresses it, or shall we have the courage of leadership and start on our adventure, which even though perilous, will open to us new roads of usefulness to the community?

By some strange process of reasoning it is assumed that the radius of germ action increases wherever the nurse is the host.

We are tempted to re-apply the story by Dr. George Goler of Mrs. Casey, who, when questioned concerning her ancestral line, replied: "In the part of Ireland I come from we spring from no line, we spring at them." These small, infinitesimal

disease germs seem to increase their radius of action at the very sight of a nurse, and not only spring from but at their unwilling victim! But if this accelerated germ—activity towards the nurse—is due to her real lack of proper training in the conduct of infectious diseases, why not *train her*?

If, as Dr. Goler says, "it is so easy to protect people against infectious diseases," and if it is thus easy and simple, why should not the nurse with perfect safety go from a case of diphtheria or one of erysipelas, or from a case of scarlet fever to the lying-in-room? Is there any reason why there should be special nurses, postnatal and prenatal nurses, whooping cough, measles and scarlet fever nurses, diphtheria, typhoid and tuberculosis nurses, nurses for pneumonia, and nurses for smallpox?

Why cannot we as nurses, if we have not already established the unalterable habit of ordinary cleanliness, acquire the habit and thus fit ourselves to meet a need which only the nurse can supply? Those associations which have already put into practice this phase of public health nursing have proved conclusively that the trained, careful nurse does not carry infection.

Just here I should like the privilege of quoting a letter from Dr. H. W. Hill and one from Dr. George W. Goler bearing on this subject:

All modern contagious disease hospitals are operated on the principle that a *properly trained contagious disease nurse* will not infect herself or others. Hence, that such a nurse may freely go from diphtheria to scarlet fever, from scarlet fever to measles, etc., during the day, eat with the general nurses at the nurses' home, go to moving pictures, dances, etc., at night and return to work the next day with no spread of contagion to any one.

I encouraged my contagious disease nurses to attend the children's clinics as much as they could.

Untrained or careless nurses should not be trusted near contagious cases at all (or any other, if it can be helped). If it is impressed on the nurses that one slip in technique resulting in clear-cut carriage of infection will do more harm to the estimation in which the public hold the Nursing Service than a year's record of *no* carriage; and if the nurses are

trained in contagious disease technique, I should not hesitate an instant to use them for contagious cases and non-contagious cases, even for puerperal cases, indiscriminately.

(Signed) H. W. HILL.

I see no reason why a well-trained nurse dealing with communicable diseases should not go from a patient with scarlet fever to a maternity case, or from a maternity case to a case of any of the commoner infectious diseases. The only thing she has to do is to wash her hands in ordinary soap and water and wipe them on a paper towel.

I do not believe that we ought to teach nurses that there is any such thing as contagion. Contagion was something the old physicians believed came out of the air, and we know, save in rare instances, that the air is not a carrier, even the clothing is not to any extent a carrier. It is the hands and the things used in the hands.

For years we have conducted a hospital in which several thousand cases of infectious disease have been cared for. We frequently

have measles, scarlet fever and erysipelas in the same ward, cared for by the same nurse, and our percentage of cross infections is a fraction of one per cent.

There is no reason why a nurse should not go from a patient with infectious disease to surgical, maternity, or any other kind of case, if she washes her hands and face, and puts on a fresh gown if you please, but even that is not necessary. The nurse who has cases of cross infection is not fit to be a nurse.

(Signed) GEORGE W. GOLER.

In conclusion, if the only valid objection to the nurse including this phase of nursing in her general work is her lack of preparation, shall we not demand that the training school give to all its student nurses adequate training in communicable diseases, and thus fit them for this newer field of service.

INCREASED SERVICE THROUGH GOOD HEALTH

Pacolet Mill village attracts attention through the appearance of its streets and homes. The type of houses the operatives dwell in are a credit to their designers. Contagious diseases have been stamped out through the public health service. The policy is to get increased service through good health. "Prevention is better than cure;" this is what is impressed upon the employees.

In the fall of 1916 and the spring of 1917 Pacolet village showed an epidemic of measles, 400 cases; scarlet fever, 200 cases; dysentery among babies, ten deaths in one week of the spring of 1917. There were also a number of severe cases of pellagra and typhoid fever.

In the fall of 1919 and the spring of 1920, the third year of the public health work, there were but two cases of measles and two of scarlet fever—all imported. There were but a few slight cases of dysentery, with no deaths; only two cases of tuberculosis. There were no decided cases of pellagra and none of typhoid. Infant mortality was negligible.

Today contagion is confined to the home where the disease originates. Disease prevention and home cure, as taught by Miss Belle Fuller, the registered nurse in charge, lessen mortality, save loss of time caused by illness and improve the morale of the community.—From "*What Southern Mills Are Doing*," published in the September, 1920, issue of "*Cotton*."

PUBLIC HEALTH ACTIVITIES IN THE VIRGIN ISLANDS

By HANNAH M. WORKMAN

Chief Nurse, U. S. Navy



Interior of the church steeple. Pediatric department.

IN THE December number of *The Public Health Nurse* there appeared a very interesting article about the Virgin Islands and the work which was being carried on by Public Health Nurses, and the article closed with this statement: "It is hoped that these two Public Health Nurses will be an entering wedge for greater improvements in health conditions in the Islands." In one of the paragraphs the statement was made that, "since 1917 our Government has not yet had time to bring about much improvement in the general conditions on the Islands." This statement and the use of the words "entering wedge," which apparently have been used inadvertently, have prompted me to send further particulars concerning this work, as I feel sure it is not the policy of this magazine to encourage the work of Public Health Nurses by disparaging or ignoring the work which has al-

ready been done, and the article to which I refer has but partially outlined the work and present conditions in the Islands. This error in expression has doubtless grown out of a mistake in the conception of how the Navy doctor and the Navy nurse were employed in the Virgin Islands. It was, perhaps, natural to assume that they were engaged solely in work for the Navy personnel proper. As a matter of fact, this was not the case; and indeed it is not the case in any outlying dependencies of our country. In Guam, in Samoa, and in the Philippines, as in the Island of Haiti, the Medical Department of the Navy has always been concerned very largely with municipal health work.

Since 1917 nine carefully chosen Navy nurses have been constantly on duty in the Virgin Islands, working under supervision and in co-operation with Naval medical officers. Of this

number four nurses are on duty in St. Thomas and five in St. Croix. My paper will deal only with St. Croix and the work that is being done there, as this section is under my supervision as a Chief Nurse in the Navy. Under Danish rule, St. Croix had two hospitals; one in Fredericksted and one in Christiansted. In 1916 a hurricane leveled the Christiansted Hospital, but an old store building was taken over and later a church was added in which the sick were to be housed. In Fredericksted the old hospital remains but is sadly out of repair. It is in these buildings that we carry on our work today, as the community is too poor to erect hospitals and there is no appropriation which makes it possible for the Government to build. The need for thoroughly equipped, up-to-date hospitals, however, is very evident and was brought particularly to the attention of the congressional party which recently visited the Island.

During the Danish occupancy there were no trained nurses on the Islands; these hospitals were conducted on the plans outlined in "Early Days in Hospital Wards;" that is, ward maids were hired to care for the sick under the direction of Sisters. A few midwives (colored) had been sent to Denmark for a year's training (sometimes much less than this period), and they represented the only trained personnel of the Islands.

Such equipment as was found in these hospitals was inadequate and antiquated. The Sanitation Officer could write an interesting article on the sanitation conditions which were found in 1917, when the Navy Department assigned medical officers to these Islands. To those of us who can compare the conditions of the present day with the conditions outlined by the medical officers, the improvement has been remarkable, when considered in connection with the small amount of money that has been spent. At the time of writing, one may go far to find cleaner towns than the two on St. Croix Island.

Though plumbing arrangements were and are non-existent, the complete isolation of communicable diseases is hindered only by lack of funds. Every street vendor is obliged, by sanitation law, to carry his goods on screened trays; slaughter houses and fish markets are located in suitable places and are entirely screened. Persons found suffering with a disease dangerous to public safety are forcibly brought to the dispensary, as are also all contacts, and are isolated and treated until they are pronounced safe members of society.

Referring particularly to the work in the hospitals of Fredericksted and Christiansted, Navy nurses have been in charge, and through their efforts many old methods have been altered. In co-operation with the Naval doctors a splendid nursing system has been put into operation and training schools for the young colored women of the Islands have been established. At the present time there are thirty-five of these women in training, of whom fourteen will graduate in July after having completed a course extending over three years in the school, in which accepted nursing methods have been taught and approved text books have been used by adapting them to the limited but fairly thorough educational methods which pertain in the Island.

The pupils are given a definite course in the surgical department, which has a well equipped operating room and surgical wards for men and women. A Navy nurse especially qualified for surgical work is in charge of this department and under her careful and untiring supervision three pupils on duty in these rooms are given a careful and comprehensive course in the manipulation of instruments, sterilizing and general technique. The medical department of the hospital is conducted under the same arrangement and, in addition, there are isolation wards for men and women. The maternity department is installed in the old church mentioned in the second paragraph. It is divided into sections for maternity

work and pediatrics. The pupils are taught to deliver and after this course has been taught they are carefully instructed in the care of infants and preparation of proper food. The outpatient department is extensive—there is a large daily attendance at the dispensaries, where the senior or most efficient colored pupils carry on this work under the supervision of the Naval medical officers.

The infant welfare department numbers several hundred infants up to the age of two years. A Naval medical officer, a Navy nurse and a colored pupil welfare nurse visit and weigh these children each month, or oftener, if necessary. Eight or nine milk stations have been established and the pupil nurses are taught the

care and handling of milk and are also taught to make the prescribed formulas. All infants who require this nourishment are given milk gratis until they are a year old, and this feeding is continued longer if it is deemed necessary. Every morning the ambulance makes the rounds of the milk stations with the infant welfare nurse, delivers the necessary milk, gathers the empty bottles of the previous day, brings in the sick children to the dispensaries and returns the well children to their respective homes, nor is it unusual for the nurse to dress patients by the wayside. The infant welfare nurse visits all babies whose mothers fail to bring them to the weighing sta-



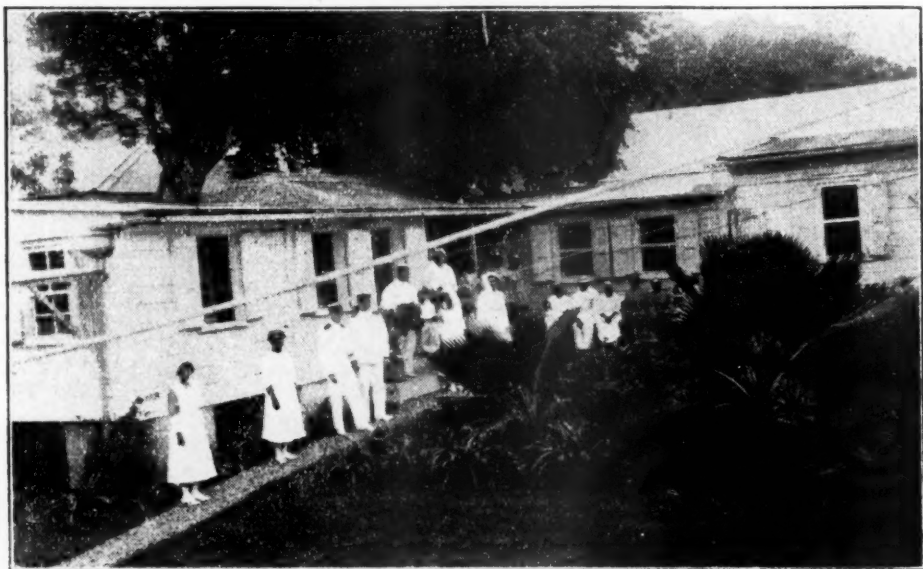
In 1916 a hurricane leveled the hospital and the sick are housed in a church.



A trachoma clinic.

tion; they also bring to the dispensary all children who appear sick and make a report of those who appear to need milk. Each week the Navy nurse observes all the milk station babies, notes their physical condition and renders her report to the welfare

doctor who makes the monthly visit. The welfare nurse also does district visiting nursing at the children's homes, and treats the eyes for trachoma, etc. Under the watchful eye of the Navy nurse a colored nurse is detailed at the leper colony and



Christiansted dispensary and hospital yard.

another at the insane and jail dispensaries.

When the two Red Cross nurses reached the Virgin Islands they were agreeably surprised at the improvements that had been made and that so much had been accomplished since 1917. It would seem, therefore, that instead of the Red Cross nurses being "the entering wedge" it was the privilege of the members of the Navy Nurse Corps to extend a hand of welcome and ask these nurses to "carry on" and enlarge the work we have been doing for the past three years. There is no doubt of our welcome to them, for there are unlimited possibilities to be worked out for the betterment of the people of these islands. This addition to the num-

ber who are working for the good of the Island will also be appreciated by the teachers, who are capable and who are well supervised by an able and efficient Supervisor of Public Instruction.

We who are on duty here at present, appreciate what our predecessors have done. The personnel of Naval medical officers and Navy nurses changes frequently in compliance with Navy orders, but each in turn has carried on. We extend our welcome to the Red Cross worker in the same spirit and to the Red Cross we feel we owe a debt of gratitude for having made possible much of our hospital work and the work of our out departments by generous gifts in response to our requests.

Editor's Note: Miss Workman is quite right in believing that it is not the policy of *The Public Health Nurse* to disparage or ignore the work of any group of nurses; and the last thing that the editors and also, we are sure, the writer of the article would wish to do would be to overlook work already done, or to appear to ignore those already in the field. We are very happy, therefore, to be able to publish this further article to complete and make more definite the picture given in our December issue.

CARNEGIE MEDAL FOR A NURSE

MISS HELEN BRUGER, a member of the Alumnae Association of the School of Public Health Nursing, New Haven, Conn., who recently established public health nursing in Cheshire, Conn., was dressing a young patient in one of the homes on the outskirts of the town. The mother, by accident, backed into a stove; her clothing ignited and but for Miss Brugger's heroic efforts she would have been burned to death. The nurse herself was badly burned and it will be many months before she can return to her work, but her board and her community are very proud of her and are more than willing to wait for her return. Miss Brugger is posted to receive the Carnegie medal for bravery.

WHAT A NURSE OWES HER POSITION*

By MARGARET K. STACK, R. N.

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THE suggested topic for this paper was "The Relation Between Civil Service Nurses and their Employers and What a Nurse Owes Her Position." After analyzing the subject I have interpreted it to mean "How much freedom should a nurse be granted in developing her special work?" My discussion will be from the standpoint of one who has had experience with official and semi-official organizations, although my connection with a state department of health has been slightly less than two years.

That there may be better understanding of certain points which I propose to emphasize later it may be well to give a short review of the progress of public health nursing and state health work in Connecticut.

Forty years ago a State Board of Health was raised by the legislature and continued the function until 1917. This board was confined almost exclusively to advisory duties, and until the last few years of its existence these were mostly general in character. Public health nursing, therefore, received but slight official recognition, although every opportunity offered this feature of the health movement was encouraged and supported.

In 1917 the State Board of Health was supplanted by a State Department of Health, consisting of a Commissioner of Health and Public Health Council with almost unlimited supervisory and directing powers. One of its first activities was an endeavor to secure special legislation to enable it to render child hygiene and public health nursing service. This grant was secured in 1919, but preparation was made for the work prior to this time by conducting an exhaustive survey of public health nursing throughout the state and a more

or less intensive campaign of publicity. A Bureau of Child Hygiene, including Public Health Nursing, with a full-time Director, was introduced July 1, 1919.

The first visiting nurse association in Connecticut was formed in Middletown twenty years ago. It was a private organization started by a group of thoughtful people who had a heart for the present and a vision for the future. They were the first to realize that nurses were needed other than for the care of the sick—that nurses could carry into homes the message of prevention which would ultimately show greater results than succoring the sick. Following the organization of the Middletown Association, numerous associations were developed throughout the state, until in 1917 there were recorded twenty-seven associations, with one hundred thirty-six nurses. While all of these associations were doing excellent work, there was no uniformity of methods and no general plan for development. It was the recognition of this fact that induced the State Department of Health to conduct an exhaustive survey of public health nursing in 1917. A recommendation incorporated in the report of this survey is of interest:

There shall be appointed a Public Health Nurse who shall be directly responsible to the State Commissioner of Health. She shall be a graduate registered nurse with experience in public health work. Her duties shall be to encourage communities to organize for the support of Public Health Nurses, to advise with associations and individual nurses already in the field as to the development of their work, especially in the line of child welfare and tuberculosis work.

The State Department of Health was unable, for lack of sufficient appropriation, to adopt the above recommendation at that time. The urgent need for service of this character, due to war conditions and the

*Read at meeting of New York City Federation of Public Health Nurses, Jan. 28, 1921.

inauguration of the Children's Year Campaign, was so manifest that the Woman's Committee of the State Council of Defense undertook the task. The nurse selected to assume the position of state supervising nurse was formally appointed by the State Commissioner of Health, as such, while the Council of Defense supplied the necessary funds. This state supervising nurse, while following the program of the Children's Bureau, was permitted to develop the nursing program as she thought best. The standards adopted for Public Health Nurses will be discussed later.

With the creation of the Bureau of Child Hygiene and Public Health Nursing in the Department of Health and the dissolution of the State Council of Defense, all supervising nursing agencies were consolidated under the former on July 1, 1919.

It was just previous to this that the American Red Cross Bureau of Public Health Nursing began to function, and Connecticut is part of the Atlantic Division. As the state already had a Director of Public Health Nursing it seemed best that all developing and supervising of such should come through the already established division. After several conferences with officials of the American Red Cross an amicable adjustment was reached whereby the Director of the Bureau of Public Health Nursing in Connecticut assumed the duties of State Field Director for the American Red Cross. Connecticut was the first state to make such an arrangement with the Red Cross and I believe has led the way for others to follow.

This review shows the gradual development of public health nursing in Connecticut, with the tendency to consolidate and co-ordinate the various phases of this movement under one general directing head.

I will now proceed to discuss my subject, "How Much Freedom Should a Nurse be Granted in Developing Her Special Work?"

The success of Children's Year depended upon follow-up work, and

follow-up work in almost every instance means the securing of the services of a qualified Public Health Nurse. It was made known to the various communities contemplating the inauguration of nursing services that such service might be good, bad or indifferent and that to secure the most satisfactory results only such nurses as would meet certain standards should be employed. It was often difficult to overcome an inclination to employ a favorite or popular nurse regardless of her qualifications for public health nursing. We also often found a lurking suspicion that we had an ulterior motive in insisting that standard nurses be employed and some apprehension was felt that the State Department of Health was endeavoring to secure local control. For these reasons it became the duty of those in the field to support and sustain their employers and to promulgate the established policy of the State Department of Health, which is to standardize, advise and assist without direction or regulation.

A study of the Public Health Nurse survey, the infant and tuberculosis deaths, and the reports of the weighing and measuring campaign showed that rural and small towns need preventive nursing as well as the cities. Those familiar with the situation soon learned that if public health nursing is to be started in such communities it must be started by one who knows the preventive, social and educational sides of the work—that while bedside nursing is and will continue to be a necessary part of the Public Health Nurse's work, it is only one part.

It was realized that the average graduate nurse leaves the hospital trained only for sick nursing, therefore after much careful thought the Division of Public Health Nursing decided that it would recommend for starting work in a new community, only such nurses as had had at least a four months' public health nursing training or eight months' experience on a staff that gives supervised experience in general, child hygiene and

tuberculosis work. This standard was adopted in August, 1918.

As I look back upon the adoption of this standard I realize now, as I did not then, that we were guided almost entirely by the standards laid down by the National Organization for Public Health Nursing.

That people in Connecticut realized some standard was necessary and that the one we adopted met with approval is evidenced by the fact that the Woman's Committee of the State Council made available five scholarships to train nurses in public health nursing. As far as I know, this was the first time that scholarships had been given by such a group.

The Division of Public Health Nursing has no legal authority to say to private organizations in the various towns that they can or cannot employ nurses regardless of standards, and we make this fact known to them—but, we make a point to tell them that they have a definite responsibility, when assuming charge of public health nursing and spending other people's money, to get the very best that is possible for that money and that they are not getting the best if they take a nurse who has not had experience or training in the work she is to develop.

That the communities themselves realized the need of employing only trained Public Health Nurses is shown by the fact that of the 22 towns organized in the past two years for public health nursing, 19 have employed nurses recommended by this department.

When I assumed the Directorship of the Bureau of Child Hygiene and Public Health Nursing in the State Department of Health, I was fortunate to find myself a member of a department whose directing head, the Commissioner of Health, permits and requires the Director of each Division to develop his or her Bureau. While the Commissioner defines questions of policy and suggests certain lines of special endeavor, he places the entire responsibility for the development and management upon

the Director. This freedom enables one to develop certain lines of endeavor without interruption and the responsibility thereby placed upon her for the failure or success of her work brings forth her best endeavors. I have been working almost two years under this plan and I am thoroughly convinced that it is the best way to secure the proper development of public health nursing in a state or city organization. I have every reason to believe that it is fully as satisfactory to the Commissioner of Health, particularly as he is now urging that the public health nursing, because of its development, be made a division distinct from child hygiene. As a distinct division it will have the same advantage and relation to the various other bureaus as, for example, has the Bureau of Laboratories. It will serve or render nursing advice to all who require nursing service in their work. There is no reason why this should not work out in the same manner as does the nursing service in hospitals, where all nurses are responsible to the Director of the Training School. If co-operation of this kind is not practical and cannot be practiced within a modern Health Department, the work of whose various bureaus is so closely interwoven, how can we expect to have any success in getting outside agencies to co-operate with one another if we are not practicing what we are preaching?

The successful development of public health nursing is dependent primarily upon three things:

First, sufficient funds.

Second, favorable public sentiment.

Third, unrestricted initiative for the Director.

Necessary funds and sustaining public opinion are necessary to carry on public health nursing, but real development and its greatest success cannot be acquired without granting those directly responsible sufficient freedom to maintain their enthusiasm and develop their constructive ideas.

Granting the supervising nurse has

all the leeway she desires, caution must be exercised at all times. The suggestions and ideas from lay sources cannot be roughly brushed aside, nor can the newer methods of the supervisor supplant existing methods without preparing the ground. Realizing this fact, we have tried to make our standards popular with the people and make them realize that we are in existence to enable them to care for their own town in the best possible manner, that we are able to bring to them the combined experience of the state. Of course, we are constantly running up against the situation which Dr. Emerson states so very clearly in his paper in the December number of the *Journal of Public Health*:

There is nothing so stabilizing or so conducive to humility as to attempt to arrive at a diagnosis and to prescribe treatment for the results of which you will be held personally and officially responsible. It is this permanent, enduring responsibility which tends to make the health officer offer more conservative advice than his prototype, the director of the volunteer agency, sometimes proposes, whose courage, initiative, and originality are often more of an asset to him than the sound knowledge of the pathology of the community.

Time and time again we are called upon to accept or refute advice and methods of work which have been given the town by people who, with the best of intentions, do not realize that they are not in any way fitted to give such advice. They are placing their advice upon opinions not substantiated by facts. We are constantly running up against the idea which still lingers in the minds of many, that the only function of the State Department is a police function and it has been a source of disappointment to me to find not only lay people but physicians and nurses who have no conception of the scope of work of a modern Health Department.

In Connecticut we have a State Organization for Public Health Nursing whose object is to stimulate interest in the establishment and extension of public health nursing in the state and to bring women engaged in public health work into closer rela-

tionship with one another. This organization was in existence long before the Division of Public Health Nursing. It has been a great help to me to feel that I have the support of such an organization, whose membership is composed largely of nurses and lay members of private organizations. Our State Bureau has tried to assist them in whatever way possible, as we are both working for the same object. One tangible piece of work which we do is mimeographing the minutes of their meetings and sending them to every visiting nurse association in Connecticut. It would be impossible financially for the organization to have this done itself. It has not added too great an amount of work to our Bureau and the results have been mutually helpful.

The Division of Public Health Nursing has started sending a monthly letter to each visiting nurse association in the state. This does not in any way detract from the monthly bulletin which is published by the State Department, but aims to give nurses items of interest which they might not otherwise get. We are developing a loan library for Public Health Nurses in the state. This does not in any way conflict with the library which the National Organization is establishing in each state, as theirs is for pamphlets only while ours consists of books only.

It is not possible for any department to immediately meet all needs. It is possible to meet some, and a division of public health nursing must ascertain what these needs are and meet them to the best of its ability.

The personnel of any division of nursing should of course be sufficient for all purposes. The director should be supplied with necessary clerical and stenographic help. I have known departments, especially city departments, where the nurse was expected to do hours of clerical work, when this time could have been spent in the field to a much better advantage.

In Connecticut the directors of the bureaus and divisions in the State

Department of Health are exempt from civil service. It is unfortunate that so many civil service positions assure the appointee a life-long job. The feeling is widespread that state and city employes are expected to do as little work as possible and retain their positions. If civil service could be criticized on no other point it could be on this one, but, after all, it is not so much the civil service that is at fault as it is the appointee. Why people should consider that they owe less to a state or city position than they owe to a private organization is beyond understanding, and such people are certainly not ones to uphold standards of any kind.

In closing I would like to leave with you these four thoughts:

1. That a Director of a Public Health Nursing Bureau should be one who stands high in her profession and is well qualified by experience and training.
2. If appointed through civil service, her selection should be approved by a committee or board familiar with the requirements for such a position.
3. A Director of Public Health Nursing should be given the same freedom to develop her work as is permitted in other departments, and should be supplied with necessary office personnel.
4. A Director of Public Health Nursing must uphold the dignity of the state and her own office, be loyal to her organization, appreciative of the public mind and willing to give the highest professional and executive service of which she is capable.

DECORATIVE THERAPEUTICS

(So important is the effect of environment upon mental and bodily health that we shall not be surprised to hear of physicians prescribing proper furniture and house decorations as aids to digestion and disposition.)

Do you wish to lead a healthy, happy life?
Be particular what furnishings you choose.
For there isn't any question
That these things affect digestion
And have much to do with biliousness and blues.

Old candlesticks are excellent for colds,
And pewter is a panacea for pain;
While a pretty taste in china
Has been known to undermine a
Settled tendency to water on the brain.

A highboy is invaluable for hives,
Or a lowboy if you're feeling rather low.
Colonial reproductions
Will allay internal ructions
And are splendid for a case of vertigo.

Old Chippendale is warranted for coughs,
And Heppelwhite is very good for nerves.
If your stomach is unstable
There is nothing like a table,
If it has the proper therapeutic curves.

Decorative therapeutics are the thing
If you happen to be feeling out of whack.
We are happy to assure you
That these things are bound to cure you,
For there's virtue in the smallest bric-a-brac.

—Bert L. Taylor.

Note — The above poem appeared recently in the *Chicago Tribune*, and the author has very kindly given permission to republish it here.

WHAT THE INDUSTRIAL NURSE DOES

Editor's Note: The following notes were sent to us by Miss Florence Wright several months before her death. The first outline covers the schedule of duties of the industrial nurse in a little mining village of about 300 inhabitants. This nurse called attention to the fact that in so small a community there must necessarily be very little of any one kind of work to do.

The second sketch is taken from the letter of an industrial nurse in Indiana, who wrote in response to an inquiry which Miss Wright had addressed to her in regard to her activities.

I.

Sanitation

Inspection of incinerator.

Preparing drinking water for test.

Supervision of cleaning and ventilating of social hall.

Social Welfare Work

Assisting doctor with examinations of school children.

Taking children to dentist, etc.

Taking patients to hospital.

Assisting with Christmas tree and school picnic (the corporation furnishes money annually for tree, Christmas gifts and candy; also refreshments for picnic).

Assisting in keeping order, during the absence of the Superintendent, at the moving picture shows held twice a week in Social Hall. Dances are also held in this hall, the expenses being paid by contributions from the employes.

Persuading employes to attend night school maintained by the corporation.

First Aid Work

All patients are brought to our properly equipped first-aid room. All are given first aid treatment—in many cases it is necessary for the patient to go to the corporation's doctor, who lives seven miles from the mine, and in more severe cases the doctor must come to the mine.

Hospital Work

The care of patients sent to hospital, adjoining first-aid room, which is maintained by the corporation. Persons with contagious diseases are isolated in ward adjoining hospital, and cared for by a special nurse.

Nursing Care in Homes and Social Service

Nursing care is given to all the families of the employes, and pre-natal and obstetrical care are given the wives and mothers.

Visiting the homes and inspiring the confidence of the people, giving helpful advice in all matters and helping those who are in need and trouble; ascertaining what things are necessary for the improvement of the homes. It is well for a nurse to be an attentive listener on these visits; I always make a note of necessary things and, after listing several, interview the Superintendent twice a week. I think that every nurse should try and arrange a regular time to see the Superintendent on such matters and not annoy him every time little things are brought to her attention.

II.

"I have postponed answering your letter, thinking to write out a real description of a day's work here, but think, after all, I shall have to tell just some of the work as it occurs to me.

In regard to interviewing all the new girls, the examination is very brief. The girls are not asked to undress beyond removing their hats, coats and shoes. At this time I often make use of the opportunity to advise the girls about their waists—as a few come in very thinly covered with poor georgette and perhaps dirty underwear. They are also asked not to use rouge during working hours; we have not eliminated it by any means, but see very little of it as a rule; sometimes I talk to them about the odor of perspiration about themselves. And if there are not many to examine I often explain the Mutual

Benefit Association and tell them about some of the classes held for the employes; but usually I leave that for the personnel workers, as we have a pretty good staff of personnel girls working now.

In the afternoon I make whatever calls come in. The foremen send in to the industrial service department names of employes who are off duty, if the cause is not known, or they are known to be sick. Sometimes there are dressings that the company physician wants done in the employe's homes. Again, I find that some advice to the mother or some other member of the family helps in the care of the sick, or it is necessary to teach them how to carry out some order—as, for instance, how to make a poultice, or something about the diet. At other times I encourage them to seek the advice of a doctor, as many keep postponing the calling of a physician.

The other morning I called at a little home on the edge of the city and found an elderly man, who had left the hospital without leave and had a very badly infected hand, trying to change the dressing himself. With a rag and a little water in a basin he was just dabbling, trying to clean out the pus. I took him in the service car with me back to the dis-

pensary at the works and the doctor had to talk pretty strongly to him to make him go to another hospital and put him under the care of a surgeon here in the city.

Sometimes I relieve one of the nurses in either dispensary when she finds it necessary to be away for an hour or two, or longer.

I keep a record of each visit made and so often have follow-up work to do. Approximately every three weeks I try to scout around the different buildings to inspect the girls' toilets and to see if any other sanitation can be improved. We try to prevent the men spitting on the floors by having boxes of sawdust around, and the corners in the stairways are painted white. I watch the girls to see if they are sitting on chairs of proper height and have supports on which to rest their feet; and to be sure that the inspection lights are not shining directly into their eyes, etc.

Each day brings its own work, and I scarcely know whether what I have said will be of the least use to another industrial nurse. As I started in with no special training it is a case of just doing the work I find ready at hand.

If this letter can be of any help to another nurse just starting in this branch of our profession, I shall be very glad."

The visiting nurse was giving its daily bath to the newest arrival in a family that had been in Chicago from England but a few weeks when the baby was born. The small brother, aged eight, watching the proceedings, said very solemnly to sister, aged five, "Fancy, sister, the baby will never see King George!"

The following letter was received by a teacher recently from an irate parent:

Miss Jones. I think this tooth brush busyes is all uncalled for. you teachers want something all the time. I will not get minnie know tooth brush and theirfor you better not whip her for something that we will not get her, for we are not made out of money. I like to do all i can to help her in school.

your truly

Mrs. K——.

THE PROFESSION OF NURSING

By CLARIBEL A. WHEELER, R. N.

*Principal, School of Nursing
Mt. Sinai Hospital, Cleveland, Ohio*

"Nursing is an art that concerns every family in the world."

—Florence Nightingale.

NURSING is one of the oldest arts known to women. All through history it has been the one privilege which has not been taken away from them even when they were devoid of nearly all other means of self-expression. Many women famous in history and legend have been noted as nurses, serving both in times of war and peace. Notable examples of such characters are Paula of Rome, in the 17th century; Elizabeth of Hungary, in the 13th century; and Florence Nightingale, in the 19th century.

The history of the birth of our modern system of nursing seems like a romance. It was founded by Florence Nightingale after her wonderful work in the Crimea, where she demonstrated the value of intelligent and skilled nursing and opened the way for women to serve humanity by caring for the sick. The first school was established in London in connection with St. Thomas Hospital in 1860.

Miss Nightingale from the first insisted that training was the only method of reaching proficiency in nursing. She did not believe in the "born nurse" theory, but emphasized the necessity of scientific training. She says, "Nursing is an art; and if it is to be made an art, it requires as hard a preparation as a painter's or sculptor's work, for what is having to do with dead canvas or cold marble compared with having to do with the living body?" Again, she calls it "The finest of the fine arts." After the establishment of this first school many others were organized both in England and in this country. The work has attracted a very splendid group of women who have established

traditions of high ideals, of personal and professional service. Although a comparatively young profession it is strongly organized; in fact, no group of women are better organized today than the nursing profession. There are 1,585 Registered Schools, over 100,000 nurses practicing and about 50,000 students enrolled in Schools of Nursing in the United States at the present time.

OPPORTUNITIES IN NURSING

Never before in the history of nursing have there been such rare opportunities for service as are now offered in this work. In the beginning, nursing included only two or three branches; namely, hospital and bedside nursing. Today it has nearly thirty distinct lines of activity. From the more simple duties heretofore performed by the nurse, we now find her work has developed so that it includes duties of a public, social, educational and administrative character. The various lines of public health work especially have opened up so rapidly that there has never been a sufficient number of nurses adequately prepared to meet the demand. This has been keenly felt in the last two years; nurses were needed in larger numbers, not only in homes and hospitals, but in factories, stores, schools and on boards of health, in social work, in rural districts—in fact, in every locality where the problem of health conservation is being considered. From present indications this demand is steadily growing larger; more hospital beds are constantly being required; there are continually being enacted health laws which require for their operation many trained nurses.

CHARACTER OF NURSING WORK

The word nursing comes from the Latin *nutrio*, meaning to nourish, to tend, to sustain or protect; consequently in its broadest sense it includes not only the care of the sick and helpless but the promotion of health and prevention of disease. "Wherever and whenever there is life to be tended, nourished or nursed, educated or saved, whether the life is yet unborn, or new born or senile or ill, there is the field for womanhood exercising its greatest function of foster-motherhood."

The nurse in a home or hospital is responsible for the personal care of a sick person; for the carrying out of the physician's orders relating to medicine, treatment and diet; for preserving the proper mental attitude of the patient and for the prevention of the spread of disease to others. She is the one who keeps the physician informed of any change in the condition of the patient and when she finds it impossible to consult the physician in case of emergency it is necessary for her to take his place and to carry out any procedure which in her judgment seems best. In a hospital she not only gives personal care to the sick but holds various administrative positions which require teaching and executive ability. The function of the Public Health Nurse is the prevention of disease as well as the treatment of it, by inspecting, teaching and securing co-operation of proper agencies.

TRAINING

1. *Types of Schools*

When one considers the type of work that a nurse is expected to perform it is at once apparent that a very definite scientific and technical training is necessary. For this purpose schools of nursing must be connected with hospitals whose wards are the working laboratories for the students.

Schools of nursing are connected

with general hospitals which provide an opportunity for training in all branches of nursing. In some instances where the hospital does not afford the branches required the school affiliates with some other hospital which can give the desired training.

Registered schools mean schools that meet the minimum requirements of the state law. Students entering those schools which are not recognized by the state are not eligible to become Registered Nurses.

Special hospitals are not suited for the training of nurses unless affiliated with other hospitals giving experience in all branches.

2. *Length of Training*

The best schools require three years' training; and in the state of Ohio this amount of time is required by law. In this state, college students who have had science courses are allowed from four to eight months' time, according to the number of years spent in college. Eight months' credit is allowed college graduates who have had a sufficient amount of science.

3. *Character of Training*

The training includes both theoretical and practical work. There is usually a probationary or preliminary course lasting from three to six months, during which time the work is principally theoretical, with just enough ward experience to allow the nurse to practice the nursing procedures which are being taught. At the end of the probationary period the student is permitted to adopt the school uniform and become a regular student in the school. After the preliminary course a student spends from four to seven hours a week in class work. The class year is usually divided into two terms. The first from October to February and the second from February to June.

Lectures are given by physicians who are specialists in the subjects they teach. Class work is given by

nurse instructors or by experts in branches required. A very valuable part of the theoretical training is given at the bedside of the patient, where the students' work is carefully supervised.

The students pass through the different departments of the hospital, receiving experience in each. In some schools the last four months are elective and the student may be sent to some other hospital for special branches, such as mental and nervous diseases, tuberculosis, or to a public health teaching center, if she desires to specialize in public health nursing, microbiology, hygiene, chemistry, psychology, historical, ethical and social basis of nursing, nutrition, dietetics, invalid cookery, massage, principles and practice of nursing in all the various branches of medicine, such as medical, surgical, obstetrical and communicable diseases, nursing of children, social diseases, materia medica, invalid occupation, public sanitation, social conditions, public health nursing and professional problems.

4. *Nursing in Connection with Universities*

Several colleges and universities are now giving fundamental preparatory courses in nursing. The main ones being Simmons College of Boston, Teachers College, Columbia University and the universities of Cincinnati, Minnesota, North Dakota, California and Colorado. Most of these courses lead to a Bachelor of Science degree. The average length of such courses is from four to five years. The first and last years are, in most instances, spent in the university. The remaining years are spent in training in hospitals.

5. *Cost of Training*

A few schools charge a tuition fee of from \$25.00 to \$50.00 for the preliminary or probationary course. The majority, however, do not. In most hospitals the student gives her serv-

ices in return for the education which she receives. Most schools pay an allowance of from \$5.00 to \$10.00 per month, which is to be used for text books and uniforms. In other schools this material is supplied and no allowance is given. In a few schools text books and uniforms are furnished and an allowance is also given for incidental expenses of the course. Board and laundry are in practically all instances furnished by the hospital.

6. *Hours Off Duty and Vacations*

Formerly nearly all schools required from nine to ten hours ward service. However, this has been changed to an eight-hour system in the majority of schools. Where the eight-hour system is in force two half days each week are as a rule given the student.

A vacation of from three to four weeks is usually given yearly.

7. *Housing and Social Life*

There has been a marked improvement in the living conditions provided for nurses during the last few years, and many hospitals have connected with them nurses' residences, which offer every convenience and comfort, with splendidly equipped class rooms and laboratories.

In the best schools everything is done to make the social life of students attractive and home-like. The atmosphere is that of a girls' school or college; there is class organization and often student government. The students meet people of importance, both in their own profession and those who are doing interesting work outside. Nurses form close and life-long friendships, and many say that their happiest memories are of their associations while in training. In spite of the strenuous hospital duty, many pleasant parties and dances take place in the nurses' home. Many schools provide gymnasias, swimming pools, tennis courts and other opportunities for recreation.

THE THINGS THAT MAKE NURSING WORTH WHILE

It is a mistake for young women to imagine that hospital wards are places of gloom and depression; it is true that many distressing incidents and some tragedies take place, but the atmosphere of a hospital ward is, for the most part, cheerful and the nurse experiences a feeling of satisfaction in being able to take a part in helping people to gain health and poise. It is a privilege to be able to assist the physician and surgeon in the accomplishment of the many operations and procedures which are necessary in the practice of modern medicine and surgery, for many of the details are left for the nurse to carry out.

Her opportunities for personal service are very great, she comes into intimate contact with human lives at a time when they are most dependent, and in a subtle way she creeps into their hearts so that she has a marvelous opportunity not only for giving sympathy and comfort, but for teaching her message of health. To be sure, her responsibilities are often great and many difficult problems confront her, but if she is the right sort of person she will measure up to these responsibilities and in this way strengthen her own character and become a better woman.

Thus to be a nurse is to belong to a profession which has the highest ideals of service, and one in which the lives of its followers are dedicated to the service of humanity. A prominent physician said recently, "I think to have the ticket of the nurse or doctor is to have the best seat in the great amphitheater of the human drama.

QUALIFICATIONS FOR NURSING

1. *Education*

When one considers the important technical work of the nurse in her relation to life and death, and the scientific courses which she must

study in order to prepare herself for her profession, it will be readily seen that she must possess an educational background of considerable scope. The courses required of her are comparable to those being given in colleges, consequently it is necessary for her to have at least the equivalent to a full high school education. If she possesses more than this, for instance, three or four years in college, she will have a great advantage over the high school graduate. Although schools in many states require less than a high school education, the best schools require it. Women who have had normal and college training are especially needed as there are many teaching positions which require such a background. Many college women are entering schools of nursing where they are finding that their college course is a decided asset. It is to be hoped that in the future there will be several schools in every state affiliated with colleges and universities so that the nursing and college course may be combined, giving a degree at the end of the course. Subjects that are of benefit to a woman who expects to enter the nursing profession are English, history, modern languages, especially French, Italian and German; biology, hygiene, bacteriology, chemistry and physics, sociology, psychology, economics, ethics and domestic science. High school students who expect to study nursing should always select chemistry, biology and domestic science, as one is considerably handicapped without them.

2. *Age and Health*

Schools of nursing are receiving students between the ages of nineteen and thirty-five. Young women younger than nineteen are usually not matured sufficiently to be able to take the responsibilities required. One older than thirty-five finds it difficult to study and to adjust herself to hospital routine.

It is needless to say that a young woman entering this profession should be sound, that she should be free from

deformities, her teeth should be in excellent condition, her hearing and vision good. Nearly all schools of nursing require a health certificate from a physician for entrance and a second examination is given before students are accepted into the school. This serves as a protection to both the student and the school.

ADVANTAGES OVER OTHER VOCATIONS FOR WOMEN

Perhaps one of the greatest advantages of graduating from a school of nursing is the fact that one is ready to begin her work at once. She is fully prepared and may enter on her duties without further experience. There is so much demand for her services that she does not have to wait for a position, the position is waiting for her. No large financial outlay is required either in her training or to begin her work, and if her health remains good she is certain of a definite income. There is very little competition in her own profession and she does not have to compete with men as do women in most other fields of work. She is free to go where she chooses, and her work may take her to many interesting places. If she wishes to go into other fields of work her training is always an asset, never a handicap; if she wishes to marry, there is no work which could give her a better preparation than nursing, for she has received a grounding in cookery and dietetics, in house-keeping, in personal hygiene and in the care of babies and children. She learns to know people and how to live with them; and, if she has the right sort of training, she becomes instilled with a social vision which cannot be equaled.

SUGGESTIONS FOR ENTERING SCHOOLS OF NURSING

Short courses and correspondence courses are advertised extensively, but one should remember that a person who completes such a course is not a recognized member of the nursing profession, nor is she eligible for its

organizations or registries and such courses are nothing more than "a snare and a delusion," the students are exploited and the public must suffer from the incompetence of such so-called nurses.

The choice of a good school is important, as is the choice of a good school of music, a business college or a medical school, for the woman with a diploma from a good school will have prestige over the one with a diploma from a poorer one.

Before deciding upon a school several hospitals should be visited and the bulletins from each compared. The following points should be considered:

1. *Registration*

One must ascertain whether the school is registered in the state. Schools meeting the minimum standard requirements are registered and the students graduating from them are eligible for the state examinations for Registered Nurse (R. N.). Those who graduate from an unrecognized school are not eligible for this examination or to the nursing organizations. It must be remembered also that registration means meeting only minimum requirements and is not a proof that the school has a high rank in the state.

2. *Size of Hospital and Services Offered*

It is not essential that a hospital be a large one for a nurse to receive a good training, provided the school affiliates with a larger hospital to make up any deficiency which it may lack, so that the students may receive training in all branches of medicine. Schools of less than 50 beds can seldom provide adequate training, even if affiliated with larger hospitals. Usually schools connected with hospitals of from 100 to 200 beds and having an active general service do not need to affiliate with larger ones. It is not always the largest hospitals that give the best training, as so much depends upon the character of the hospital, its

equipment, its staff and its kind of administration.

3. *The Reputation of the School*

This does not always depend upon the reputation of the hospital; often a hospital may be known far and wide by the work of one of its medical staff, but it might have a very poor school connected with it, while on the other hand a hospital which is not so well known may have excellent standards for the care of its patients and the teaching of its nurses.

4. *Entrance Requirements*

It is needless to say that the schools which have the highest requirements for entrance have the highest standard of work, as has been heretofore stated. The best schools require a high school education.

5. *Teaching Facilities*

Good schools are provided with properly equipped class rooms and laboratories for the teaching of their students, also with a reference library in connection. The principal and her

staff of instructors should be broad-minded, progressive women especially prepared for their work.

6. *Hours*

Those wishing to enter schools of nursing would do well to consider the number of hours required in the school to which they apply, because long hours, together with the amount of theoretical work required at present, have a decided influence upon the health of the student.

SUBJECTS FOR HIGH-SCHOOL STUDENTS WHO WISH TO ENTER SCHOOLS OF NURSING

Recommended by a Committee of High-School Teachers and Nurse Instructors of Cleveland.

English.....	4 units
Mathematics.....	2 units
	(half-year)
Additional algebra if preparing for college entrance.	
Economics and Applied Art	1 unit
Foreign Language.....	4 units
History.....	2 units
Biology, Chemistry, Physiology, Science-Physics.....	3 units
	<hr/> 16 units

THE COST OF PREVENTABLE DISEASE

The February Statistical Bulletin of the Metropolitan Life Insurance Company states that out of the forty-seven millions of dollars disbursed by the company in death claims during the year 1920, over three-quarters of the amount was paid on deaths from ten causes which are largely preventable or postponable. "More money was disbursed on account of tuberculosis than for any other disease. Despite the fact that the death rate for tuberculous diseases in 1920 was the lowest in the history of the company, and was two-fifths below that of 1911, more than six and one-half millions were paid for death claims resulting from tuberculosis. There is still much room for extension of the educational campaign which has been carried on for years to show the importance of personal hygiene, of early recognition of incipient cases and of the fresh air method of treatment."

"Life insurance companies have found that it is profitable to engage in health conservation work, because such effort prevents or postpones deaths from many diseases. But the losses suffered by communities are far greater than those of the insurance companies. The average amount of insurance carried is far below the economic value of a human life. Certainly, then, the organized public health agencies of the Federal, state and municipal governments, which have more at stake than have insurance organizations, will be justified in spending more money on properly directed effort in public health work."

A TALK ON TALKING

By FRANCES MALTBY

(Continued)

III.

HOLDING THE AUDIENCE

ONE of the best lessons I ever had on public speaking was given by an ex-actor. "A speaker must never take his eyes from those of the audience," he said, adding that, from the moment you rise from your chair, if you are already on the platform, from the moment you step on the platform, if you have been in the audience, you should hold the audience with your eyes. "If you illustrate your point by a gesture, or by a diagram on the black-board," he further explained, "get your eyes back to your audience before theirs have left either gesture or diagram." You will find this does hold attention, keeps a sense of communication unbroken and shows the response of the audience.

Another experienced speaker gave me a word of help when he advised against looking at an audience as a whole, as a mass. "Single out one person at one side of the room to talk to, then another somewhere else," was his advice, "and the whole group of people around the one you are addressing will feel that you are talking to them."

We are very apt, we nurses, to appear before an audience with a "paper" to be read, or grasping as a sort of life-saver a card on which we have jotted down various "notes;" all of which is a pity. The notes should be just four or five words firmly fastened in the memory. Then we should cast ourselves on the mercy of the audience. In that case it will sympathize with us utterly if we forget and do a little groping, but it finds it hard to forgive the speaker who coldly withdraws her attention to consult her "notes."

Out of a book I dug this wisdom, "Do not use notes, for it is important

to keep the audience in entire sympathy with yourself and magnetic control unbroken. Speak from the heart to the heart. Webster talked to a jury as if he were the thirteenth juror stepped out in front to address them."

More digging brought to light the following: "A beginner should realize that public speaking is a dialogue and constantly emphasize the part of the audience, anticipating and watching for its response. When an audience is amused I laugh with it, even if the joke is on me, and the minute I do that the joke isn't "on" me any more." But to do this one has to realize fully what one is saying while saying it, and that isn't always the easiest thing in the world. To sum it up, give your audience your considerate, enthusiastic, undivided attention, and you will have theirs.

IV.

THE SPEECH THAT SUCCEEDS

No one saunters to success; neither does a speech.

The speech that succeeds is one unremitting push toward a goal. Given for a purpose, it never forgets it. It is simply the end to a means, the road the speaker travels to attain the purpose.

It is delivered with concentration and urge, with an underlying depth of feeling and earnestness. It is made by one who cares greatly.

When you give the speech that succeeds you have planned it in advance, you are filled with the vision of your purpose, you "gird your loins," stray neither to right nor to left, but you "press forward," on and on, and on—toward your goal. When you have accomplished your purpose, delivered your messages, reached your goal—stop.

And just listen to this piece of encouragement: "Though ungifted you may make an effective speech by knowing what you want to say, saying that, and no more."

It was such a good speech I heard the other day, the first ten minutes of it, so full of beauty and interest that I wanted to remember every word. But it all slipped away in the next ten minutes of tiresome rambling. The speech was ruined and nothing remembered.

A little nervousness is a great advantage in speaking. It gives the emotional intensity needed to drive your message home. It puts you on your mettle.

The trembling of your knees is no sign that you cannot speak. To the

end of his life Phillips Brooks' knees shook when he entered the pulpit and he was one of the greatest preachers America has ever known.

Your answer to this tremor is a little inner cry, "I must make good!" And then you do. You are "worked up" to your speech.

After all, it is caring that counts. If we care greatly we have that emotion which gives force and power to our message. Twaddle and rambling are then impossible.

You remember what that great orator, the Apostle Paul, said, "Though I speak with the tongues of men and of angels, and have not love,* I am become as sounding brass or a tinkling cymbal."

*Revised version.

(To be continued)

REMEDY AND PREVENTION

The following paragraphs from the letter of a County Nurse in the state of Oregon give excellent examples of *nursing care* and *preventive work*:

"I had the pleasure of caring for a little French War Bride the other day. When I discovered her she had been a mother five days and was badly in need of attention, having had no nursing care up to the time of my visit. She was in very poor condition with a temperature of 103. The doctor came while I was there and I helped him give some treatments and then bathed her and made her comfortable. When I looked around for the baby, I found the poor little thing all bundled up in the corner drinking catnip tea. Upon inquiry I found grandma was feeding it crackers and milk, and I fear she still thinks her ways are best, for she did not seem to approve of what I said. The little mother asked me, 'Please to stay with me always.' "

"One patient alone was worth the time, energy and more than the entire cost of the clinic in the definite results brought. A woman had come to the clinic because she was coughing and expectorating. She was diagnosed an advanced tuberculosis patient. Her work had been dishwashing and the preparation of vegetables in one of the Bend hotels. She realizes the great danger of communicating the disease and is now taking care of herself and learning how to protect others."

A SKETCH OF WORK IN BUFFALO

By ANNE L. HANSEN, R. N.

*Superintendent, District Nursing Association
Buffalo, N. Y.*

THE Buffalo City Hospitals and the District Nursing Association are doing a piece of closely co-operative work, which it may be of interest to describe. The City Department equips and maintains 8 Health Centers. Each center has a city physician on full time and pay. One center, where the work is very heavy, has also an assistant full time physician. Each center has a registrar in charge of the clerical work, with sufficient assistants to care for the clerical department, bookkeeping, etc. City physicians have office hours three times daily, and special clinics with specialists for diagnosis, are held in each center for tuberculosis, venereal disease, mental hygiene and prenatal work. The nursing service for venereal disease clinics is furnished by the Department of Hospitals and Dispensaries, and that for the tuberculosis clinics by the Department of Health. The prenatal clinics are in charge of the District Nursing Association and the follow-up work is done by the same association. In the two busiest health centers the District Nursing Association furnishes nursing service each afternoon for the general work of the city physicians and the cases needing field work are turned over to the nurses of the sub-stations.

Each health center is furnished with dental equipment, with a dentist and assistant in charge. The principal patients for dental care are the school children whose parents are unable to furnish proper dental work privately. Each health center is sub-divided into small districts for infant welfare work and in each district the city department equips an infant welfare dispensary, whilst the District Nursing Association gives the nursing service both for the clinic and field work. There are 20 such dispensaries in districts covering the entire city. The

physicians in charge of the infant welfare dispensaries are paid for their service and furnished by the Department of Health of the city. Necessary milk for babies is delivered at the homes of the patients by the city department upon request of the dispensary nurse and after investigation by the Department of Public Welfare of the city. All reports for infant welfare work are entered in triplicate, one remains in the dispensary, one is sent to the Superintendent of Hospitals and Dispensaries of the city and one is forwarded to the Superintendent of the District Nursing Association.

The District Nursing Association has a sub-station at each health center by courtesy of the Department of Hospitals and Dispensaries, which provides adequately equipped room and telephone service free of charge to the Association. The nurses meet with the city physicians daily at the sub-station and receive the orders for field work for city cases. A written report is rendered the City Department at the close of each city case. Other calls can be received for the district nurse at the sub-stations through courtesy of the clerk in charge. Calls sent to the central office of the District Nursing Association are transferred to the sub-stations at the hours when the nurses meet.

A diagnostic clinic for adults is held twice a week at one health center with three district nurses in charge of the nursing service. The entire field work for this clinic is done by the staff of the District Nursing Association. The head nurse in the clinic distributes the cases for follow-up work to the proper sub-stations, and reports of this special work are rendered to her by the nurses in the district.

One health center is kept entirely

for special work for children under 16. Special treatment clinics for children are held here every afternoon, in charge of two district nurses who are responsible for the distribution of the follow-up work to the nurses in the districts. Special diets for sick babies consisting of Eiweiss milk, are prepared daily at this health center; the work is done entirely by the District Nursing Association, which employs one nurse in charge, with nurses' aides as assistants. After the diets are prepared they are collected by the Department of Hospitals and Dispensaries and distributed to the various health centers of the city, from which place the parents of the children receive the diets daily. These diets should not be confused with the

ordinary teaching of formulas. The infant welfare nurses direct the preparation of ordinary formulas in the home. The special diets are for sick babies and are of such a nature that it is not possible to teach them in each individual home.

To sum up, the Department of Hospitals and Dispensaries of the city furnishes health centers and substations and infant welfare clinics with full equipment and medical and clerical service. The District Nursing Association furnishes the nursing service for the clinics, with the exception of the tuberculosis and venereal disease, and furnishes all the nursing field work, including general visiting nursing, prenatal, infant welfare and medical social service.

A "REFERENCE CARD"

Just a reference card. That's what my nurse friend calls herself. At first I was amused, but when I began to think of the capabilities and possibilities of "just a reference card" I was amazed.

It seems that her daily routine clings to infant hygiene, tuberculosis, contagious disease and school work, though each day in reality turns out to be anything but routine.

In visiting the homes for any of the aforementioned purposes the nurse has a chance to discover all sorts of things, from rickety babies to secret stills.

One instance that was related to me after a day that left the nurse with a feeling of usefulness proves the value of a card, a reference one.

She called at the home of one of her ideal breast-fed babies only to find the family had moved; instead of rushing off to her next case she took time to be sociable with the new woman in the house. After a short time she discovered that the 4-year-old child was in sad need of attention. His teeth were all in very poor condition and his tongue and mouth were covered with sores. The mother was mildly disturbed about the condition, but soon became quite interested, was referred, and the child received the much needed attention.

This particular instance was one that anyone might have discovered, but there have been others, all different, yet alike in so far as fundamental features were concerned. There existed a need, a "reference card" and a cure. The successful combination of the three involves happiness for some one; so I cheer my weary nurse friend by reminding her of the fact that she is at least a cog in the wheel, besides being a "reference card."—*Georgie Lyons, Cleveland.*

ORGANIZATION ACTIVITIES

INSTITUTES

Miss Marian Williamson, Director of the Bureau of Public Health Nursing, Kentucky State Board of Health, writes as follows:

The following is a brief, preliminary outline of some of the things that we are planning for our Institute. The dates decided on are May 2nd to 7th.

On Monday, May 2nd, we are planning to have a joint meeting of the Public Health Nurses and the County Public Health Officers, and at this meeting we hope to have Miss Ann Raymond of the Child Health Organization. We are planning to have two other sessions jointly with the Health Officers. The program will be arranged jointly by Dr. McCormack and myself. We will have three hours at different periods on administration and office efficiency, records, etc. This lecture will be conducted by Mr. Elwood Street, Executive Secretary of the Louisville Welfare League. He is at this time giving a course of lectures on this subject to the students of the University of Louisville and the School of Public Health. Dr. Carr, State Director of Physical Education, will have three lectures, one hour each, on the art of teaching, using the illustration of the Public Health Nurse as the teacher. Then we are going to give a great deal of time to prenatal, dental and other clinics; some time to general public health nursing work, some time to school nursing and how to start a child welfare conference; also some time to midwifery, co-operation with other agencies, such as farm demonstrator and home demonstration work.

This is to give you some idea of what we are planning. We may make some changes before the day of the Institute. We are trying to plan the things that we think the nurses need most.

NATIONAL STANDARDS FOR STATE ORGANIZATIONS

The following State Organizations for Public Health Nursing are active corporate members of the National Organization for Public Health Nursing and, as such, according to provisions under which they are enrolled, incorporate in their by-laws national standards:

California State Organization for Public Health Nursing.
Connecticut State Organization for Public Health Nursing.

Kansas State Organization for Public Health Nursing.

Maryland State Organization for Public Health Nursing.

Missouri State Organization for Public Health Nursing.

New Jersey State Organization for Public Health Nursing.

Oregon has adopted national standards and has written them into the state law.

The New York State Organization for Public Health Nursing amended their by-laws to cover the adoption of national standards for fundamental training.

NEW LIBRARY CENTERS

Three new libraries have been recently added to our list of State Library Centers, as follows:

Delaware Free Public Library Commission, Dover. Earle D. Willey, Librarian.
Ohio State Board of Health, Columbus. Library Department.

Connecticut Public Library Committee, Hartford. Mrs. B. H. Johnson, Librarian.

In addition a City Library Center has been established in Boston, Mass., at the

Boston Public Library,
Information Service,
Miss Edith Guerrier.

This announcement means that these libraries are willing to maintain special collections of health literature—both books and pamphlets—which they will lend in package form or as traveling libraries to individuals, visiting nurse associations, public libraries, women's clubs, or other groups. They will have a complete file of all reprints from the *Public Health Nurse* magazine and most of the pamphlets recommended in the columns of our "Book Reviews and Digests." To be sure that these collections of material cover all the subjects most needed, it is suggested that nurses visit their State Library Cen-

ter when possible, and feel free to make recommendations as to good books or other publications which they would like to have added, in this way interpreting to the librarians their special needs for health literature.

When writing for books, it is well to give authors and titles, but it is not always possible to do this when requesting packages of pamphlets—instead it is better to order by subject, giving a full description of the kind of material desired. Contributions of state and local public health reports ought to be on file in all State Library Centers, and if sent will be greatly appreciated by the librarians. The only charge for loans will be for parcel post or express costs.

NOTES

The National Campaign Chairman announces the following members have consented to become State Chairmen:

Alabama, Miss George M. Taylor.
Iowa, Mrs. Julia B. Mayer.
Massachusetts, Mrs. Francis M. Peabody.

Miss Katherine M. Olmsted has been appointed Associate Secretary of the Department of Nursing of the General Medical Department of the League of Red Cross Societies, of which Miss Alice Fitzgerald is Chief.

Miss Olmsted has been Chairman of the Committee on Public Health Nursing of the Division of Health in the Department of Public Welfare of the General Federation of Women's Clubs, and on leaving for foreign service with the League of Red Cross Societies, has been obliged to resign.

Miss Edna L. Foley has accepted the chairmanship of this committee.

The Educational Secretary recently attended a joint meeting of the nurses of the Detroit Health Department, the Visiting Nurse Association and other Public Health Nurses, and

addressed them on "The Newer Aspects of Public Health Nursing," emphasizing the educational side of the work, and speaking also of the N. O. P. H. N. and its campaign.

INFORMATION REQUIRED

The following members of the National Organization are not found at the addresses on file in the office of the organization. Will any of our readers who may know where any of these members can be reached kindly send this information to the National Organization for Public Health Nursing, 156 Fifth Ave., New York City.

Anderson, Emma, 721 Oak St., Decatur, Ala.
Beardsley, Mabel, Montpelier, Vt.
Budd, Mrs. Kathryn A., 44 Montague St., Charleston, S. C.
Cabaniss, Sadie Heath, 1722 H Street, N. W., Washington, D. C.
Denny, Linna K., Albany, Ala.
Dorsett, Eva, Box 427, Morristown, N. J.
Durkin, Margaret E., 1132 10th Avenue, Seattle, Wash.
Ferries, Eva J., 943 Wilson Ave., Chicago, Ill.
Garrett Elizabeth Ann, 4415 Washington Blvd., St. Louis, Mo.
Graham, Mrs. Alice, 415 3rd St., North, Great Falls, Mont.
Hauser, Katherine, Cottage State Hospital, Phillipsburg, Pa.
Henley, Maude L., 1210 E. Broad St., Richmond, Va.
Knowles, Valta B., 1110 McCoskey St., Saginaw, Mich.
Laverick, Elizabeth A., 15½ Main St., Warren, Ohio.
McGee, Frances, Camp Knox, Ky.
MacKay, Mary Anna, 3974 Ellis Ave., Chicago, Ill.
Parry, Frances C., 4125 Baring Ave., East Chicago, Ind.
Rowell, Nora, 2185 Central St., Springfield, Mass.
Sanderson, Helen M., Woodstock, Virginia.
Sheehan, Catherine R., Room 694, Court House, Greenville, S. C.
Shellabarger, M. Elizabeth, University of Colorado, Boulder, Col.
Sherman, Harriet J., care A. R. C., Southern Division, 249 Ivy St., Atlanta, Ga.
VanEman, Electa, Base Hospital, Camp Fremont, Cal.
Walker, Alice H., 509 W. 121st St., New York City.

BOOK REVIEWS AND BIBLIOGRAPHY

LIBRARY DEPARTMENT

THE CONTROL OF SEX INFECTIONS

J. Bayard Clark, M. D.

The Macmillan Co., New York, 1921

DR. CLARK'S book on the Control of Sex Infections should commend itself to nurses especially for two practical reasons. First, it is brief but suggestive. It doesn't attempt more than barely to touch the many sides of this complex subject. Second, it is based largely on the author's personal war experience during which thousands of patients came under his care and observation.

As in many other fields of public health protection, nurses are constantly embarrassed by the insistent demands for their help in this service for which they are inadequately equipped. The only way for those already in the field is to learn as they go. There are various helpful monographs and pamphlets which can be secured through the Library of the National Organization for Public Health Nursing or directly from the American Social Hygiene Association or from the United States Public Health Service. Dr. Clark's book will lead the way to these which treat the various aspects of the subject extensively.

None of them, however, will sound a clearer or more urgent call to humanity everywhere, and especially to all health workers, to face the great moral obligation occasioned by the momentum which the war has given to a world-wide attack on this worst of all human scourges. This momentum will rapidly slip back into stagnant acquiescence unless officials and health workers stimulate citizens everywhere to share their vital consciousness of the immediate importance of capitalizing the impetus which has already set in motion much splendid action.—*Ella P. Crandall.*

VITAMINES

ESSENTIAL FOOD FACTORS

By Benjamin Harrow, Ph. D.

New York, E. P. Dutton & Co., 1921; \$2.50

To those who are responsible for the feeding of the family, this book makes a special appeal. Usually the subject of Vitamines has been treated in such a technical manner that it is appreciated only by those of scientific training. Dr. Harrow has succeeded in presenting this subject in a way both enjoyable and profitable to every one, without losing the scientific value.

The writer first discusses calories, what they are, and the part they play in nutrition. The following six chapters deal with the various substances that function as Food Constituents, Carbohydrates, Fats, and Proteins, and to a lesser degree Mineral matter, Water and Oxygen. The correct distribution of these food stuffs in our dietary is emphasized. There is an interesting chapter on the latest research work in protein food. In this the necessity for a complex of amino acids for the maintenance of life and growth are made clear by tables, which show the results of many laboratory experiments, as indeed throughout the book the results of laboratory research in connection with established food facts make it all very clear and convincing.

Vitamines have always been more or less shrouded in mystery and it has been hard to realize the importance of substances which as yet have never been seen, but in this book they seem very real. One realizes the direct relation of the three Vitamines, Fat—Soluble A, Water—Soluble B, and Water—Soluble C to the prevention and treatment of the diseases Beriberi, Scurvy and probably Rickets and Pellagra.

This book would be useful to all responsible for the preparation of menus and for the nurse.—*Anne Sutherland.*

SHORT TALKS ON PERSONAL AND COMMUNITY HEALTH

Dr. Lehrfeld, Department of Public Health, Philadelphia

F. Davies Co., Phila., 1920; \$2.00

This is a series, as the title indicates, of short talks especially directed to the education of children. In popular form, and written with as much freedom from technical terms as the subject permits. Covers a wide range—from preventable disease to safety hints for bathers and proper winter clothing and its health aspects. We hope this will appeal to the feminine as well as to the male sex.

NURSES' HANDBOOK OF DRUGS AND SOLUTIONS

Julia C. Stimson, R. N.

Whitcomb & Barrows, Boston, 1920; \$1.25

This is the third edition of Major Stimson's valuable little book. The preface states that it has been carefully revised, and that additions have been made, the Metric System and the Harrison Narcotic Law among them.

THE STORY OF THE RED CROSS IN ITALY

Charles M. Bakewell

New York, Macmillan, 1920

This is an account in narrative form of the general activities of the Red Cross from the time of the investigating commission sent in 1917 to the appointment of the Permanent Commission, which began its work in December of the same year. An interesting volume

From Stacy Aumonier's "Where Was Wych Street?" in *The Saturday Evening Post*: "He entered a little apothegm in another book in which he apparently intended to compile a summary of his legal experiences. The sentence ran: 'The basic trouble is that people make statements without sufficient data.'"

CURRENT PAMPHLETS AND REPORTS

RURAL HYGIENE, a new publication of the U. S. Public Health Service, Washington, D. C., by Dr. L. L. Lumsden. Defines hygiene, its importance to national health, and gives the U. S. Public Health Service "Plan of Rural Health Work."—A definition of sanitation liked by the author is "Sanitation is the common sense application of the principles of cleanliness."

THE BULLETIN of the National Tuberculosis Association for February, 1921, is a "Motion Picture number. "Flickering Propaganda," by E. G. Routzahn and Helena W. Williams, is an excellent article on film propaganda. Other suggestive articles in this number.

HINTS AND HELPS FOR TUBERCULOSIS PATIENTS by Dr. Charles L. Muir, is a new pamphlet of convenient envelope size, distributed by the National Tuberculosis Association, 381 Fourth Avenue, New York City. Arranged in short sections, each of which gives tersely and strikingly the points to be emphasized. The information and advice range from Exercise, Food, Care of the Voice, to Hints on the Mental Attitude, the last of which we would all do well to read and ponder over. "Keep your fears to yourself, but share your courage with others," Dr. Muir quotes from Stevenson.

"THE PLAY'S THE THING"—How to use plays in public health education—is a new leaflet published by the National Tuberculosis Association, 381 Fourth Avenue, New York City. Besides instruction in preparation and technique it contains a list of fifteen plays with a characterization of each.

TEN CENT MEALS is the title of a small pamphlet published by the American School of Home Economics, 506 W. 69th St., Chicago, Ill. The price is 10 cents.

THE STATISTICAL BULLETIN of the Metropolitan Life Insurance Company, New York, for January, gives interesting facts of "Another Record Health Year." The outstanding fact is "that Health Work Pays," whether conducted by Government or by private bodies." Nurses can get this bulletin, which furnishes good points for talks, by writing for it.

The University of Iowa, Iowa City, announces in a bulletin dated February 5th, a series of courses to be given in the summer session for the training of teachers in nutrition and health of children. The courses are organized under the direction of the De-

partment of Home Economics with the co-operation of other departments, including the School of Public Health Nursing. The pamphlet announcement, besides a note on Malnutrition of School Children, has a short and good article on The Conduct of a Nutrition and Health Class.

The Iowa Tuberculosis Association, 518 Century Bldg., Des Moines, has prepared a set of very engaging small posters (9 x 6) in blue and black on health rules, with appropriate sentiments attached. Would be delightfully decorative in any school room. They could almost intrigue a Public Health Nurse into following her own rules.

The Report of the Sixteenth Annual Meeting of the National Tuberculosis Association, 381 Fourth Avenue, New York City, is now in printed form. A somewhat formidable looking volume, but having much of general interest for nurses, and for the laity interested in community betterment—Dr. Armstrong's paper on Possible Modification in Tuberculosis Programs on the Basis of Framingham Experience, for instance—The papers on Public Health Nursing by Dr. A. W. Freeman, Miss Elizabeth G. Fox, Dr. R. G. Paterson, and Miss Katherine Olmsted are grouped. The report of the Committee on the History of the National Association presented by Dr. S. Adolphus Knopf is of very poignant interest. Do we all know that Miss Edna L. Foley is on the Board of Directors and serves this year on the Executive Committee?

The January-February number of the *International Journal of Public Health* published by the League of Red Cross Societies has so much of interest, it is difficult to select special articles. Harriet Bailey provides an excellent summary of the advantages of "The Nurse as a Teacher of Health in the Schools." Demographical Notes from the Baltic to the Adriatic will interest nurses returned from overseas duty—also, Public Health Before and After the War.

Combating Venereal Diseases in Armies, in this number is an exceptionally interesting account of the measures tried, proved and discarded. In the section on Recreation and Education, Dr. Clarke writes of the recreation provided for the American Army, and says: "The value of providing wholesome recreation inside, and in the immediate vicinity, of military establishments has been demonstrated again and again in various countries."

Do our readers get the *Bulletin* published by the Library, National Headquarters, American Red Cross, "Interesting Articles in the Latest Magazines," published monthly? Attention is directed to articles under headings, Public Health, Social Welfare, Current Topics, etc., with which we should be familiar.

The December Bulletin of the Philadelphia Department of Public Health contains an article by C. E. Turner, Assistant Professor of Biology and Public Health, Massachusetts Institute of Technology, from which we extract the following:

Health experts are well agreed that the great saving of lives in the next generation is to be accomplished through the teaching of the fundamental facts of personal and preventive hygiene. An appreciation of this has already stimulated the colleges to strengthen the teaching of hygiene, and almost every institution of higher education has recently enlarged or is contemplating an expansion of its health activities.

The Public Health Nurse has assisted health officials to save thousands of lives because she added the personal touch to health information and gave her instruction individually. The same personal contact exists in the school room, and those educators, both administrators and teachers, who are providing live, practical and interesting health instruction are adding immeasurably to the health and happiness of our rising generation.

One of the latest contributions Florence Wright made to the cause which she had so deeply at heart is an admirable article on "The Development and Present Scope of Industrial Nursing in the United States," which appears in the January-February number of the *International Journal of Public Health*, published by the League of Red Cross Societies, Geneva.

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH FOX

THE PROGRAM OF THE JUNIOR RED CROSS

THE three educational purposes underlying the permanent program of the Junior Red Cross are, briefly, as follows:

1. To add a new color to education and to give children an opportunity to learn in a different mood; in other words, to give a new color to education by permeating it with the Red Cross spirit of unselfish, intelligent service, and, in the words of John Galsworthy, "to infect children with the wisdom to know that in making smooth the way of all lies the road to their own health and happiness."

2. To develop in children a lively sense of our national unity.

3. To develop in children an attitude of world neighborliness; in other words, to give an answer to the question, "Who is my neighbor?"

Out of the war program of the Junior Red Cross grew a realization on the part of school authorities generally of the great value of the productive activities of girls and boys and of their participation in civic affairs. Educators were also quick to realize the educational value of these activities, particularly the impetus to social service, as one of the great by-products of war activities. These educational values, which school people generally hope will be conserved through the Junior Red Cross peace program, are in substance those set up in the opening statement. The chief aim of American public school education is to develop the best possible type of American citizen. The attainment through the Junior Red Cross program of the educational purposes stated above will constitute a very real and unique contribution to citizenship training. The Junior Red Cross hopes to realize these three objectives through a variety of projects and activities accompanied by suitable instructional material.

To accomplish the first objective, projects and activities of the type described below have been carried out and are under way. For example,

in a California city the Junior Red Cross organization, in co-operation with the appropriate Red Cross Chapter Committees and with the local Tuberculosis Association, set up nutritional centers, in connection with the city open air schools, to provide proper feeding and dietetic advice for a considerable group of children whom a survey showed to be undernourished and exposed to tuberculosis. In the case of these pupils, who at the end of the school year still remained considerably under normal standards, provision was made for two months of open air life under expert medical and nutritional care in a camp in the nearby mountains. This project in the mountains has, as a by-product, interested the neighboring farmers to such an extent that all eggs laid on Sunday are contributed to this camp.

In a town of Washington, through the efforts of the Juniors, money was raised and articles made to equip a small children's hospital, providing facilities for both medical inspection and for such minor operations as the removal of tonsils and adenoids. Not only was all the equipment which had to be purchased furnished by the children but many articles, such as rugs, curtains, bed linen and towels, were also made by the Juniors and put in their proper place in the hospital. It is in reality their own hospital, with the result that the children realize as never before the value and purposes of school medical inspection and have become vitally interested in the whole question of personal health. Many minor activities of a similar value are being carried on generally by Juniors, such as the production of supplies and comforts for U. S. Public Health Service and general hospitals. Such activities are particularly prominent at Christmas time in behalf of orphaned and destitute children and of

wounded soldiers and sailors still remaining in Government hospitals. Toys and garments have been produced and distributed through the local Red Cross and other social agencies for the relief of destitute children, and in some cases, notably in California, so-called scholarships have been set up, making it possible for such children to continue in school. Crippled and tubercular children have been aided in many ways in securing the proper remedial and corrective treatment. Through the National Children's Fund, American Juniors have also had the opportunity to express themselves in behalf of the stricken children of Europe. In the main, these European projects have taken the form of scholarships and subventions to institutions, enabling destitute orphan children to resume normal school life.

In two or three chapters school authorities and the Juniors have combined in the establishment of demonstration dental clinics with a view to setting up not merely facilities for corrective dental treatment, but also for the establishment on the part of children of correct oral habits. The project is a co-operative one in which the teachers, as well as the pupils, have a part in the raising of funds. The participation, however, of the children in raising the money and in the program of oral hygiene that follows the establishment of a clinic has had a very stimulating effect upon the children in the way of calling their attention to, and retaining their interest in, matters of mouth hygiene.

While much of the service of the Junior Red Cross has for its immediate objective the relief and happiness of particular individuals or groups, service to the community is also made a prominent objective. The relief of an individual is in itself a service to the community, and often can be brought about only through modification of social conditions. Moreover, *good citizenship* is always the ultimate objective of the Junior program. In the field of health, for

example, to quote Dr. E. George Payne:

Among the important needs to realize the objects of the program are: first, intelligent participation in the promotion of enterprises to insure healthy conditions. It is useless to think of adult citizens becoming intelligently active in the elimination of neighborhood nuisances, when they have been allowed to go through school during the period of plasticity and the time of greatest educational possibility without being allowed that opportunity. The only means, therefore, of developing ability to intelligent participation in community life is to afford that opportunity while children are under the guidance of skilled teachers and school workers. We can say further that children who have had no experience in the ways and methods of eliminating undesirable conditions from the school district will not be likely to take an active part in cleaning up the neighborhood when they have completed their school career. * * * Is it not then necessary that the great body of citizens who have only a grade education have some training not merely theoretical but practical in initiating, promoting, discussing and carrying out projects that will equip them for a more intelligent and effective participation in the kind of community work that they will be called upon as citizens to perform?

For this reason the Junior Red Cross program includes a wide variety of "community projects."

It is believed that the participation of the boys and girls of the Junior Red Cross in the work of this great national organization is an invaluable object lesson in national team work for national and humanitarian ends and tends to stimulate a lively sense of national unity.

Educators in foreign countries interested in the Junior Red Cross believe that the great permanent value of the Junior Red Cross movement lies in the opportunity it presents to children the world round to get acquainted with each other and develop early in life a feeling of world neighborliness. By means of the *Junior Red Cross News*, through their participation in the National Children's Fund, and in School Correspondence, it is believed that the children of the various countries can be brought into intelligent, sympathetic touch with each other.

NEWS FROM THE FIELD

Miss Crandall to Make Study—Our readers will be greatly interested to know that Miss Ella Phillips Crandall has been invited to conduct an important study for the Maternity Center Association in New York. A committee of New York citizens has recently been instituted by the Maternity Center Association, and provided with special funds for the purpose of making a study in community organization for the self-support of health protection of mothers and young children, and what the cost of such service would be.

The study will be based on the work of the Maternity Center Association, New York Diet Kitchen Association and the Henry Street Settlement. All three associations are represented on the committee and the associations themselves are committed to participation. Although the results of the study may lead to action at some later date, at present the committee is committed to nothing but a study.

Women's Advisory Council—We have received the following memorandum concerning the Advisory Council of Women co-operating with the Division of Venereal Diseases:

The Council is composed of representatives from fourteen national organizations of women, all of whom have a definite interest in the program of controlling venereal diseases and stand for measures recognized as essential in this program. For instance, the appointment of police women and women probation officers; better and wiser publicity and educational work; definite provision for venereal disease work in clinics and hospitals; enforcement of laws for public health and against prostitution; for all work looking toward the rehabilitation of prostitutes, especially of the younger girls; public sentiment concerning the need of reporting from doctors, druggists and

others who meet cases of venereal disease; women physicians in courts and detention places; a determination to keep closed the red light districts of the country.

The council recognizes further the importance of having all state organizations keep in close touch with the state health department. They recognize, furthermore, that various lines of work are taken up by different organizations in different places, and that therefore a set program of co-operation is not possible. They offer, however, to provide channels of support, contact or co-operation in any special cases, and will gladly at any time inform health officers as to the strongest and most advisable means of co-operation in any locality.

The Council will welcome suggestions from Health Officers for exercising its influence to further the public health program.

The National Child Health Council—The National Child Health Council has announced plans for a child health demonstration in some one community of the United States. The object will be to assist the community in working out a well rounded program for the health of its mothers and children.

The National Child Health Council consists of representatives of six national organizations which are either wholly or partly engaged in health work for children. The object is to co-ordinate the child health work of member organizations with that of public departments and private organizations generally which are engaged in national work for the health of babies and children.

Announcement will be made within the next few weeks of the plans of the Council as to the selection of the community and of the conditions which are considered desirable in order that the demonstration may be of most service to the country.

(Continued on page 6 Advertising Section)

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For chafing of fleshy people, irritation after shaving, skin soreness of the sick it gives instant relief. Refuse substitutes because there is nothing like it.



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Trial box sent to mothers or nurses upon receipt of two cents in stamps.

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NEWS FROM THE FIELD

Continued from page 218

Notes for Industrial Nurses—Now that the industrial nurse is coming so conspicuously to the foreground, it may be of interest to the readers of the *Public Health Nurse* to hear of the New York Industrial Nurses' Club.

Last November fifteen industrial nurses met in the rooms of the Maternity Center, Astor Court Building, to consider the advisability of organizing. Little was done at this meeting beside choosing a temporary chairman and a secretary, and deciding on the name for the association.

In January the Club met at the Presbyterian Hospital, fifty-five nurses being present. Mrs. Christine R. Kefauver, Acting Supervisor, Division of Industrial Hygiene, New York Department of Health, gave a very interesting talk on industrial nursing as conducted at present in New York. A nominating committee was appointed with instructions to present a ballot at the next regular meeting.

The February meeting was held in the Metropolitan Life Insurance Building and was preceded by a dinner. There was no formal address, but Miss Stella Fuller spoke briefly on the N. O. P. H. N., calling attention to their membership drive, and asking for the co-operation of the Club. The following officers were elected:

President—Mrs. Frederick Brockway, Metropolitan Life Insurance Co.

Vice-President—Miss Elizabeth Burns, Ladew Tannery, Newark, N. J.

Secretary—Miss Margery J. Lewis, C. Kenyon Co., Brooklyn.

Treasurer—Miss Mary Elderkin, Union Carbide & Carbon Corp.

Directors—Miss Marietta Squire (for one year), Gimbel Bros.

Mrs. Claribel G. Hill (for two years), Chairman Industrial Section N. O. P. H. N.

Mrs. D. Pirie Beyea (for three years), Colgate & Co., Jersey City.

This meeting was such a success that it was decided to hold a dinner each month, at least until the summer vacation, the necessary room and service being given by the Metropolitan Life Insurance Company.

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NEWS FROM THE FIELD

Continued from Page 6

The Club will meet the second Thursday of each month from October to May, inclusive. Membership is limited to graduate, registered nurses actively engaged in industry in Greater New York or vicinity, and the annual dues are two dollars.

After the above three meetings there was a paid membership of over sixty.

The Department of Industrial Hygiene of the New York City Health Department has announced a lecture course for Public Health Nurses working in industry. The lectures are given at the Presbyterian Hospital on Tuesday evenings, from February 15th to May 10th, when Mrs. Christine R. Kefauver, acting supervisor of Industrial Nurses, will conduct an examination covering the course—and a certificate will be issued to the nurses actively engaged in industrial nursing.

The New York City Health Department is the only health department doing work of this kind. The course includes instruction concerning: first aid, preventable, communicable and industrial diseases, welfare work, sanitation, safety first, workmen's compensation, accident prevention in industry, tuberculosis as an industrial disease, minors in industry, married women in industry, and records.

A movement of interest to Public Health and Industrial Nurses began in St. Paul on February 1st, when the Co-operative Health and Nursing Service opened its office and started its first nurse on the district. The movement is unique in that it is sponsored by St. Paul's trade unions, the funds to start the service having been raised by unions in the Trades and Labor Assembly. So far as we know, this is the first time in labor union history that labor has initiated a nursing service. If it proves successful no doubt unions in other cities will consider the experiment

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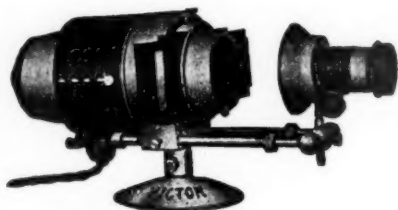
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NEWS FROM THE FIELD

Continued from Page 8

well worth trying. Good luck to the new public health baby with the union label!

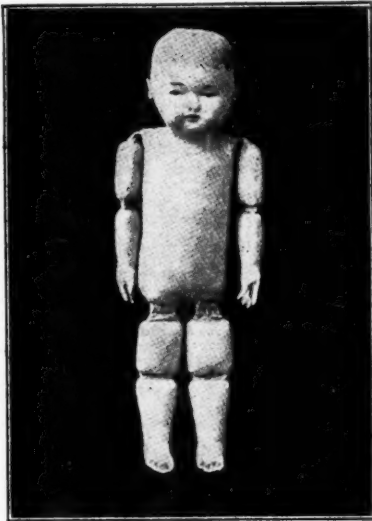
Ruth H. King, Massachusetts General Hospital, 1918, is the first nurse, with headquarters at 438 University Avenue, St. Paul, Minn.

All industrial plants are more or less dusty. But how dusty is the air in any particular plant? The degree of its dustiness is important, for certain forms of air dustiness create in the workers a predisposition to tuberculosis and other diseases. Dr. O. M. Spencer, of the U. S. Public Health Service, shows in a recent report that neither exhaust pipes nor wet processes in grinding and polishing prove that the dustiness in an industrial plant is satisfactorily controlled. Many exhaust pipes do not exhaust, and wet processes may create far more dust than dry ones. Only actual dust counts made at the working level show the actual dustiness; and these should be made periodically. — *Health News, U. S. Public Health Service.*

"In so-called 'hot jobs' in industrial plants where high temperatures are essential," says Surgeon-General Cumming, of the U. S. Public Health Service, "the heat can be greatly diminished by water-jacketing boilers, insulating blast furnaces, with double walls of fire brick, and kindred devices. Where the actual temperatures in the plant cannot be much reduced great relief can be given by big electric fans. Radiant heat, which hurts the eyes, can be largely obviated by screens of wire mesh or of loosely hanging chains, through which the workmen can pass when they must approach the furnaces. Goggles, wire-mesh face masks, asbestos aprons, cork or asbestos-soled shoes all help considerably. Easily accessible drinking water, never colder than 55 F., is absolutely essential to health." — *Health News, U. S. Public Health Service.*

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NEWS FROM THE FIELD

Continued from Page 10

COMMUNITY INSTITUTES

The University of Oklahoma has just started a series of Community Institutes under the direction of its Extension Division. Dr. Harry McKeen is Institute Director, and the team consists of seven Counsellors, a Community Counsellor, a Business Counsellor, a Women's Civic Counsellor, a Women's Domestic Counsellor, an Agricultural Counsellor, a Recreation Counsellor and a Medical Counsellor.

An Advance Team is sent out: a Publicity Man, a Medical Director and a Public Health Nurse, to interview local physicians in regard to health conditions in the various towns to which the Institute is coming and to get into touch with school authorities. The duty of the nurse member of the team is to search out the children who are backward or defective or in need of some special attention, to make appointments for such children to meet the Medical Counsellor. The Medical Counsellor, working with a Public Health Nurse, reports that her work is meeting with excellent co-operation from the local physicians.

This work is yet in its infancy, Wagoner being the fourth town to hold an Institute under these auspices. One of the purposes of the public health work is to show the need for Public Health Nurses in the community, and it is very gratifying to be able to state that, in each community so far visited, a request has gone to the State Supervisor of Public Health Nursing for a Public Health Nurse of their own. The unfortunate part of the matter is that there are very few Public Health Nurses to meet this demand, and that the ardor of the towns applying may have cooled considerably before they are able to secure the nurse. Certainly the need for nurses is great in this field.

It has been a pleasant surprise to find the various communities so alive to their needs and the possibilities.

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